

114.3 CMR DIVISION OF HEALTH CARE FINANCE AND POLICY

114.3 CMR 22.00: DURABLE MEDICAL EQUIPMENT, OXYGEN AND RESPIRATORY THERAPY EQUIPMENT

Section

- 22.01: General Provisions
- 22.02: General Definitions
- 22.03: General Rate Provisions
- 22.04: Reporting Requirements
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22.01: General Provisions

(1) Scope, Purpose, and Effective Date. 114.3 CMR 22.00 governs the determination of rates of payment to be used by all governmental units in making payment to eligible providers of durable medical equipment provided to publicly-aided individuals. 114.3 CMR 22.00 is effective January 1, 2009. The rates set forth in 114.3 CMR 22.00 do not apply to individuals covered by the Workers' Compensation Act, M.G.L. c. 152. Rates for services rendered to such individuals are set forth in 114.3 CMR 40.03(2).

(2) Coverage. 114.3 CMR 22.00 and the rates of payment contained herein apply to the following categories:

- (a) the purchase or rental of durable medical equipment;
- (b) the purchase of medical and surgical supplies;
- (c) the purchase or rental of seating, positioning, mobility systems, and related accessories;
- (d) the purchase or rental of prescribed oxygen delivery systems and respiratory therapy devices and related supplies;
- (e) the purchase or rental of intravenous and enteral therapy, equipment, and related supplies and services;
- (f) the repair or modification of the above listed types of equipment.

(3) Exclusions. 114.3 CMR 22.00 and the rates of payment contained herein do not apply to the following services:

- (a) respiratory therapy services rendered by a qualified respiratory therapist;
- (b) all services included in the reimbursement to an institutional provider;
- (c) all services for inpatients at a facility licensed as an acute or chronic hospital.

(4) Disclaimer of Authorization of Services. 114.3 CMR 22.00 is not authorization for nor approval of the procedures for which rates are determined pursuant to 114.3 CMR 22.00. Governmental units that purchase care are responsible for the definition, authorization, and approval of care to publicly-aided individuals.

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(5) Coding Updates and Corrections. The Division may publish procedure code updates and corrections in the form of an Informational Bulletin. The publication of such updates and corrections will list:

- (a) codes for which the code numbers only changed, with the corresponding crosswalk;
- (b) codes for which the code remains the same but the description has changed;
- (c) deleted codes for which there is no crosswalk; and
- (d) for entirely new codes that require new pricing, the Division may list these codes and price them at a percentage of the prevailing Medicare fees as described in 114.3 CMR 22.03(15), when Medicare fees are available. When Medicare fees are not available, the Division may apply individual consideration in reimbursing for these new codes until appropriate rates can be developed.

(6) Administrative Information Bulletins. The Division may issue administrative bulletins to clarify its policy on substantive provisions of 114.3 CMR 22.00.

(7) Authority. 114.3 CMR 22.00 is adopted pursuant to M.G.L. 118G.

22.02: General Definitions

Meaning of Terms. Terms used in 114.3 CMR 22.00 have the following meanings:

Accessory Equipment. Those products that are fabricated primarily and customarily to modify or enhance the usefulness or functional capability of another piece of equipment and that are generally not useful in the absence of that other piece of equipment.

Adjusted Acquisition Cost (AAC). The price paid to a supplier by an eligible provider for durable medical equipment, medical and surgical supplies, customized equipment, oxygen and respiratory therapy systems or devices and related supplies, enteral and intravenous therapy, equipment, and related supplies excluding all associated costs such as, but not limited to, shipping, handling and insurance costs. The adjusted acquisition cost must reflect all manufacturer, dealer, trade, and volume discounts, including rebates, in whatever form, extended to the provider for the purchase of the covered item. The only discount that does not have to be passed on to the governmental agent is the amount allowed to the provider that is attributable to a timely payment to the manufacturer or supplier, not to exceed 5% of the actual purchase price. The AAC to the eligible provider shall not exceed the manufacturer's current catalogue price. The AAC must be evidenced by the purchase price for the equipment listed on a copy of a current receipted invoice from the manufacturer. If the provider requests prior approval for an item not previously purchased, a copy of a quote invoice from the manufacturer can be submitted for consideration, along with all discounts that would be passed on to the provider. The claim must reflect the actual purchase price if less than the quote submitted for prior authorization. Manufacturers who provide services must submit documentation that demonstrates the retail and catalogue or list price along with all

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discounts that would be passed on to a provider.

Capped Rentals. Items designated as “capped rental” in the code description are rented for a maximum period of 13 months, at which point the provider stops billing. The provider may bill for repairs as needed to maintain the proper working condition of the equipment for the consumer's use after the 13th month.

The methodology for payment of items on a capped rental basis is as follows:

- (a) for the first three months of rental, 10% of the new purchase fee;
- (b) for months four through 13, payment at 75% of the amount for months one through three;
- (c) no further monthly payments after the 13th month.

For purchase of capped rental items, the purchase price will be no more than the sum of the capped rental methodology applied for 13 months. See 114.3 CMR 22.03(14) for modifiers.

Cross-walk. A code is deleted and replaced with another code; a cross-reference.

Customized Equipment. Durable medical equipment that is made-to-order or adapted to meet the specific needs of a particular patient and that is sufficiently specialized or modified to preclude the use of such equipment by subsequent patients.

- (a) Custom Fitted - No casting or molding techniques are used in the fabrication of the equipment in question. It is normally a stock item that is fitted and adjusted to the patient.
- (b) Custom Fabricated - The equipment in question has been made for the patient from measurement or patterns only.
 - 1. Molded to Client Model - A plaster impression is taken of the involved portion of the patient's body from which a positive mold is then developed. This positive mold represents the patient model from which the ultimate equipment is fabricated.
 - 2. Non-molded - No casting or molding techniques used in the fabrication of the equipment in question. It can be a stock item or made from measurements and/or patterns but is actually constructed by the DME provider.
 - 3. Pre-molded - No casting or molding techniques used in the fabrication of the equipment in question. It can be a stock item or made from measurement or patterns. It can be constructed by the manufacturer but modified and adapted by the DME provider upon delivery.

Durable Medical Equipment (DME). Those products that:

- (a) are fabricated primarily and customarily to fulfill a medical purpose;
- (b) are generally not useful in the absence of illness and injury;
- (c) can withstand repeated use over an extended period of time; and
- (d) are appropriate for home use.

Eligible Provider. Any person, partnership, corporation, or other entity that is authorized by the Commonwealth of Massachusetts to engage in the business of furnishing durable medical equipment, medical and surgical supplies, customized equipment, oxygen or respiratory therapy

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equipment, mobility systems, intravenous and enteral therapy equipment, and related supplies and services and who meets such conditions of participation as may be adopted by a governmental unit.

Governmental Unit. The Commonwealth, any department, agency, board or commission of the Commonwealth, and any political subdivision of the Commonwealth.

Home Infusion Therapy. Medically necessary administration of a fluid or medication via a central venous access, peripheral access, or other route (e.g., injection).

Individual Consideration (I.C.). Items for which there is no specified rate are individual consideration and are subject to the following procedure. The purchasing governmental unit analyzes the eligible provider's report of services submitted before making a determination. Providers must keep adequate records to substantiate their I.C. claims and must provide these documents, including a copy of the current invoice, to the purchasing agency. Except where otherwise stipulated in 114.3 CMR 22.03, payment to an eligible provider for individual consideration will be the lower of:

- (a) the eligible provider's usual and customary charge to the general public;
- (b) or for purchases of supplies, the adjusted acquisition cost to the eligible provider plus the standard markup of 20 percent, as defined in 114.3 CMR 22.02;
- (c) for purchases of enteral and parenteral solutions, the adjusted acquisition cost to the eligible provider plus the standard markup of 25 percent, as defined in 114.3 CMR 22.02;
- (d) for purchases of new wheeled mobility system equipment, patient lift systems, and related accessories, the adjusted acquisition cost to the eligible provider plus the standard markup of 35 percent, as defined in 114.3 CMR 22.02;
- (e) for purchases of other new equipment, the adjusted acquisition cost to the eligible provider plus the standard markup of 30 percent, as defined in 114.3 CMR 22.02;
- (f) for rental items, one-tenth of the fee paid for the item if purchased new;
- (g) for capped rental items, refer to the methodology described under 114.3 CMR 22.02 General Definitions;
- (h) for used items, 75% of the fee paid for the item if purchased new.
- (i) for covered drugs, the adjusted acquisition cost, as defined in 114.3 CMR 22.02;
- (j) for home infusion therapy, the adjusted acquisition cost to the eligible provider for items consumed per day plus a 20% markup plus \$8.00 for professional services, as indicated in 114.3 CMR 22.03 (5)(b).

Liquid Oxygen System. Respiratory therapy equipment utilizing liquid oxygen..

Medical and Surgical Supplies. Products that are:

- (a) fabricated primarily and customarily to fulfill a medical or surgical purpose;
- (b) used in the treatment of a specific medical condition; and
- (c) typically non-reusable and disposable.

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Oxygen. Gaseous or liquid medical grade oxygen that conforms to United States Pharmacopeia Standards.

Oxygen Generating Device. Any device suitable for domiciliary use that produces oxygen by any chemical or physical means, such as but not limited to, oxygen concentrators, and oxygen enrichers, and that conforms to such standards as may be required by federal and state governmental units.

Oxygen Delivery Systems. A comprehensive oxygen service that includes, but is not limited to: the gaseous/liquid oxygen, oxygen generating device and related delivery systems container or cylinder, manifold systems whenever high volume oxygen is used, stand, cart, walker/stroller, supply reservoir, contents indicator, regulator with flow gauge, humidification devices, cannulas, masks, and special oxygen administration device, tubing and refill adapter.

Positioning System. Equipment prescribed to meet a medical need and intended to provide an alternative position to the seated wheelchair position.

Publicly Aided Individual. A person for whose medical and other services a governmental unit is in whole or in part liable under a statutory public program.

Rate. See 114.3 CMR 22.03 and 22.06.

Rehabilitation Technology Specialist (RTS). A professional with expertise in assistive and rehabilitation technology, including wheeled mobility, seating and alternative positioning, ambulating assistance, environmental control and related activities who meets such conditions of participation (e.g., National Registry of Rehabilitation Technology Suppliers membership or Assistive Technology Supplier, Certified Rehabilitation Technology Supplier, Assistive Technology Practitioner, or Rehabilitation Engineering Technology designation) as may be adopted by a governmental unit to work directly with consumers in the provision of wheeled mobility systems in the service delivery process.

Request for Prior Authorization. A request by a provider, as required by the Governmental Unit, that the Government Unit determine the medical necessity of specified equipment or supplies for a particular individual. The provider must submit any such request to the Governmental Unit in accordance with all applicable laws, regulations and policies.

Respiratory Therapy Devices and Supplies. Those modalities and necessary ancillary equipment used in the care and treatment of pulmonary insufficiencies from whatever cause as may be prescribed by a physician for their therapeutic and remedial effect, and that meet such standards as may be required by federal or state governmental units. Respiratory Therapy Devices include but are not limited to the complete device and related delivery system accessories including, regulator with flow gauge, humidification and heating units, filters, cannulas, masks, and special administration device tubing and adapters.

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Seating Clinic. A clinic held at a hospital or rehabilitation center where a physician, physical or occupational therapist, or Rehabilitation Technology Specialist employed by a DME provider, and the patient meet to determine and prescribe the most appropriate seating, positioning, mobility system and related accessories to meet the medical needs of the patient.

Seating, Positioning, Mobility Systems, and Related Accessories. Any device including its components, accessories and modifications that has been prescribed, designed and constructed to meet the individualized custom needs of a patient as identified by a seating clinic assessment process involving, at minimum, the patient, occupational or physical therapist, physician and DME provider who employs an RTS. This equipment will be provided by an eligible DME provider. The equipment must fulfill a medical purpose and is generally not useful in the absence of illness or injury, can withstand repeated use over an extended period of time, is appropriate for home use, and meets professionally-recognized standards of quality.

Standard Markup. Except where otherwise indicated in applicable section of 114.3 CMR 22.03, the standard markup for durable medical equipment, medical and surgical supplies, and oxygen and respiratory equipment that is applied to the price paid to a supplier by an eligible provider can not exceed:

- (a) 20% for medical and surgical supplies and disposable items;
- (b) 25% for enteral and parenteral solutions;
- (c) 35% for wheeled mobility system equipment, as defined in 114.3 CMR 22.02, and patient lift systems; and
- (d) 30% for all other equipment.

Used Equipment. Any item that has been previously purchased or rented, including equipment that was:

- (a) used by a patient for a trial period;
- (b) used by the supplier as a demonstrator; or
- (c) rented by a patient who now wants to buy it.

Usual and Customary Charge. The lowest fee charged by a Durable Medical Equipment, Oxygen and Respiratory Therapy Equipment, Medical Supply, Intravenous and Enteral Therapy, Seating, Positioning, and Mobility Systems provider specified by 114.3 CMR 22.02 or by such provider, whose fee is in effect at the time that the above service is performed or equipment is sold or rented.

Wheelchair Clinic. The same meaning as Seating Clinic.

Wheeled Mobility System. A powered or manual mobility device that is prescribed by a physician and required for use by the consumer for a period of six months or more, including:

- (a) seated positioning components;
- (b) powered seating options or manual tilt;

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- (c) alternative driving controls or multi-adjustable frame;
- (d) direct service components codes; or
- (e) other complex components.

22.03: General Rate Provisions

- (1) Purchase or Rental of Durable Medical Equipment, Medical and Surgical Supplies. Payment to an eligible provider for the purchase of the above services will be the lower of:
- (a) the eligible provider's usual and customary charge to the general public; or
 - (b) such schedule of allowable fees set forth in 114.3 CMR 22.06.

- (2) Purchase of Customized Seating, Positioning, Mobility Systems, and Related Accessories. These items require a custom rehabilitation equipment order involving the consultation of a Rehabilitation Technology Specialist (RTS) with a physical or occupational therapist, or a Wheelchair Clinic and utilizing mobility, seating, positioning products with some or all of the following as necessary: evaluation, trial, specification, design, product selection, custom fabrication, fittings, instruction and follow-up. Payment to an eligible DME provider for the purchase of customized seating, positioning, mobility systems, customized movable and fixed patient lift systems, and all related accessories shall be at the lower of the eligible provider's usual and customary charge to the general public or the rates specified in 114.3 CMR 22.06, plus the direct service component at the pre-approved levels of time and complexity as defined below:

- (a) RE 1-5 - Specialized (1-5 hours).
- (b) RE 6-10 - Intermediate - More time and complexity with multiple trials of equipment, custom fabrication of some parts (6-10 hours).
- (c) RE 11-15 - More time and complexity with multiple trials of equipment, high level of complexity in custom fabrication of some parts and may involve use of components from one or more manufactures (11-15 hours).
- (d) RE 16-23 - Complex - More time and complexity with multiple trials of equipment, very high level of complexity and may involve extensive time for trials of multiple products or interactions with several professionals- physicians, therapist, teachers. Could include extended amount of custom fabrication (16-23 hours).

The rate for customization using these direct service component codes is \$44.00 per hour.

- (3) Rental of Oxygen Delivery Systems.

- (a) The monthly rate of reimbursement for comprehensive oxygen services includes but is not limited to the following services:
 - 1. the gaseous/liquid oxygen, oxygen generating device and related delivery system container or cylinder, manifold systems whenever high volume oxygen is used, stand, cart, walker/stroller, supply reservoir, contents indicator, regulator with flow gauge, humidification devices, cannulas, masks, and/or special oxygen administration device, tubing and refill adapter;
 - 2. the complete device, cleaned and sterilized when appropriate, in proper working condition, and any maintenance, service and repair of unit as needed including

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- replacement of defective parts. The routine replacement of parts, including disposable parts, occurs as needed or according to manufacturer's specifications;
3. delivery of the gaseous oxygen inclusive of 24 hour service costs;
 4. back-up gaseous oxygen and related equipment and supplies; and
 5. demonstration and instruction of safe usage of equipment, delivery and set-up.
- (b) Payment to an eligible provider for the rental of oxygen generating devices and oxygen delivery systems shall be the lower of:
1. the eligible provider's usual and customary charge to the general public; or
 2. such schedule of allowable fees set forth in 114.3 CMR 22.06
- (c) Payment to an eligible provider for the rental of oxygen delivery systems provided to publicly aided individuals in a nursing facility shall be the lower of:
1. the eligible provider's usual and customary charge to the general public; or
 2. 90% of the schedule of allowable fees set for in 114.3 CMR 22.06.
- (4) Purchase and Rental of Respiratory Therapy Devices.
- (a) Respiratory Therapy Devices (Purchase).
1. The purchased respiratory therapy device includes but is not be limited to the following services:
 - a. the complete device, new at the time of purchase, and in proper working condition;
 - b. service and repair of the unit as needed including replacement of defective parts. The routine replacement of parts, including disposable parts, occurs as needed or according to manufacturer's specifications; these can be billed for purchased devices unless otherwise specified under warranty;
 - c. the device and related delivery system accessories including, regulator with flow gauge, humidification and heating units, cannulas, masks, or special administration device, tubing and adapters;
 - d. delivery of the device inclusive of 24 hour service costs;
 - e. demonstration and instruction of safe usage of equipment, delivery and set-up.
 2. Payment to an eligible provider for the purchase of respiratory therapy devices shall be the lower of:
 - a. the eligible provider's usual and customary charge to the general public; or
 - b. such schedule of allowable fees set forth in 114.3 CMR 22.06.
- (b) Respiratory Therapy Devices (Rental).
1. The monthly rental of respiratory therapy devices include but not be limited to:
 - a. the complete device, cleaned and sterilized when appropriate, in proper working condition, and any maintenance, service and repair of unit as needed including replacement of defective parts. The routine replacement of parts, including disposable parts, occurs as needed or according to manufacturer's specifications;
 - b. the device and related delivery system accessories including, regulator with flow gauge, humidification and heating units, filters, cannulas, masks, and special administration device, tubing and adapters;
 - c. delivery of the device inclusive of 24 hour service costs;

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- d. monthly cleaning and check of unit;
 - e. back-up respiratory therapy equipment; and
 - f. demonstration and instruction of safe usage of equipment, delivery and set-up.
2. Payment to an eligible provider for the rental of the above services shall be the lowest of:
- a. the eligible provider's usual and customary rental fees and terms to the general public; or
 - b. the fees set forth in 114.3 CMR 22.06.
3. Payment to an eligible provider for the rental of respiratory therapy devices provided to publicly aided individuals in a nursing facility shall be the lower of:
- a. the eligible provider's usual and customary rental fees and terms to the general public; or
 - b. 90% of the schedule of allowable fees set forth in 114.3 CMR 22.06.
- (5) General Rate Provisions for the Purchase of Home Infusion Therapy Services.
- (a) Payment to an eligible provider for home infusion therapy services shall be the lowest of:
 - 1. the eligible provider's usual and customary charge to the general public; or
 - 2. such schedule of allowable fees set forth in 114.3 CMR 22.06.
 - (b) For services designated I.C., the adjusted acquisition costs to the eligible provider for items consumed per day plus a 20% markup plus \$8.00 for professional service.
 - (c) Included in the per diem fees are all necessary supplies, equipment and administrative services. Payment for Pharmacy items and services shall be determined under the provisions of 114.3 CMR 31.00 Prescribed Drugs. Payment for nursing services shall be determined according to purchaser specifications under the provisions of 114.3 CMR 50.00 Home Health Services. Parenteral and enteral nutrition formula shall be billed separately.
- (6) Option to Purchase. Governmental units may reserve the right to purchase, at their option, durable medical equipment and respiratory therapy equipment that is being supplied on a monthly rental basis to publicly-aided individuals.
- (a) If covered, items can be purchased new or used; however, total payments cannot exceed the fee for purchase as new.
 - (b) If covered, items can be purchased at 100% of the fee.
 - (c) If covered, items that are usually purchased and fall into the inexpensive and frequently purchased item category can be rented for 10% of the purchase price, not to exceed ten months of rental and the fee for purchase as new.
 - (d) If covered, used equipment can be rented at 10% of 75% of the fee for purchase as new
 - (e) If covered, used equipment can be purchased at 75% of the fee for purchase as new.
 - (f) Capped rental items that are purchased prior to the end of the 15 month capped rental period are purchased at an amount not to exceed 13 months of rental.
- (7) Condition of Rental Equipment Upon Delivery. All equipment that is rented on a monthly basis must be clean and in proper working condition when delivered. Respiratory therapy

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equipment provided on a rental basis must be in proper working condition and be free from contaminating agents. Tubing and masks shall be new or unused, in proper working condition and free from contaminating agents.

(8) Condition of Purchased Equipment Upon Delivery. All equipment that is purchased must be new and unused, clean, in proper working condition, free from defects, and meet all implied and expressed warranties. In the case of rental items purchased under 114.3 CMR 22.03(7), Option to Purchase, the equipment shall be in proper working condition and be free from contaminating agents. Tubing and masks shall be new or unused, in proper working condition and free from contaminating agents. (See 114.3 CMR 22.03(8): Condition of Rental Equipment Upon Delivery.)

(9) Rental Services. Unless otherwise authorized under 114.3 CMR 22.00, rental rates include the cost of servicing, repairs and maintenance including replacements of defective parts and disposable items.

(10) Delivery, Installation and Patient Instructional Time. Unless otherwise authorized under 114.3 CMR 22.00, the maximum allowable fee for purchase or rental of durable medical equipment shall include the following where required and appropriate:

- (a) cost of the provider's delivery to the inside of the recipient's residence and, when appropriate, to the room in which the equipment will be used; including allowance of the delivery via UPS or a similar delivery service with a copy of the proof of delivery slip signed by the recipient or recipient's caregiver, or noted by the company driver when a signature is unobtainable, and/or a copy of the delivery service company log (route) sheet.
- (b) installation and set up of the equipment
- (c) instruction of the recipient in the safe usage of the equipment.

(11) Terms and Warranties. Other terms and warranties included under 114.3 CMR 22.00's rate provisions notwithstanding, all terms, express and implied warranties, warranties of repair and service, or any other warranties, which are extended to a specific recipient or customarily extended to the general public shall apply to purchases, or rentals made under authority of 114.3 CMR 22.00.

(12) Repairs, Maintenance Service, Replacement Parts, and Professional Services. All rates for repair and maintenance services to purchased equipment that require repair, replacement parts and/or the use of technical components (services) can be found within 114.3 CMR 22.06, under the heading of "Repairs, Professional and Labor Services".

(13) Modifiers. The following list of letter modifiers must be added, where appropriate, to HCPC procedure codes to determine the percent fee to be paid on claims. Refer to purchasers' manuals for specific coding instructions.

- (a) Capped rental coding modifiers are as follows:

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1. KH--Initial claim, either rent (first month) or purchase
 2. KI--Second or third month rental
 3. KJ--Rental months four to 13
 4. LL--Lease/rental with option to purchase
- NU--Capped rental item has been purchased.
- (b) Additional modifiers are as follows:
1. A1--Dressing for one wound
 2. A2 --Dressing for two wounds
 3. A3--Dressing for three wounds
 4. A4--Dressing for four wounds
 5. A5--Dressing for five wounds
 6. A6--Dressing for six wounds
 7. A7--Dressing for seven wounds
 8. A8--Dressing for eight wounds
 9. A9--Dressing for nine or more wounds
 10. AU--Item furnished in conjunction with a urological, ostomy, or tracheostomy supply
 11. AV—Items furnished in conjunction with prosthetic/orthotic
 12. AW--Item furnished in conjunction with a surgical dressing
 13. AX--Item furnished in conjunction with dialysis services
 14. BA--Item furnished in conjunction with parenteral enteral nutrition (PEN) services
 15. BO--Orally administered nutrition, not by feeding tube
 16. GS-- dosage of epo or darbepoietin alfa has been reduced 25% of preceeding month's dosage
 17. KC-- Replacement of special power wheelchair interface (applicable to codes E2320-E2330)
 18. KF--item designated by FDA as class III device
 19. KK--Inhalation solution composed from an FDA approved formulation
 20. KO--Single drug unit dose formulation
 21. KP--First drug of a multiple unit dose formulation
 22. KQ--Second or subsequent drug of a multiple drug unit dose formulation
 23. KR--Rental item for a partial month
 24. KS--Glucose monitor supply for diabetic beneficiary not treated with insulin
 25. KX--Specific required documentation on file (member treated with insulin)
 26. LL--Lease/rental with option to purchase
 27. LT--Left side (used to identify procedures performed on the left side of the body)
 28. NU--New equipment
 29. QF--Prescribed amount of oxygen exceeds 4 liters per minute (LPM) and portable oxygen is prescribed
 30. QG--Prescribed amount of oxygen is greater than 4 liters per minute (LPM)
 31. RR--Rental of durable medical equipment and oxygen/respiratory therapy equipment
 32. RP--Replacement because of wear and tear, damage, or loss
 33. RT--Right side (used to identify procedures performed on the right side of the body)

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- 34. SD--Services provided by registered nurse with specialized, highly technical home infusion training
- 35. U1--Medicaid level of care 1 (used only for nonstandard power wheelchair trays and patient lift systems)
- 36. U2--Medicaid level of care 2 (first six months of rental, volume/pressure ventilator)
- 37. UB--Medicaid level of care 11 (repair, RTS providers only)
- 38. UC--Medicaid level of care 12 (used for pediatric specialized rehabilitation equipment only)
- 39. UD-- Medicaid level of care 13 (bariatric equipment)
- 40. UE--Used durable medical equipment.

(14) Shop Repair of Purchased Equipment and Rental Equipment.

- (a) Whenever a repair service for purchased equipment requires removing the equipment from the residential setting to the shop, the eligible provider must supply a substitute unit in proper working condition and comparable in all respects to the unit to be serviced. The provision of the substitute equipment will be on a rental basis: the rental rate will be 1/30th of the monthly allowable rental fee, as provided in 114.3 CMR 22.00 per diem.
- (b) No payment for rental of substitute equipment shall be made for any day following the fifth business day after the date of removal of the equipment from the residential setting, unless otherwise authorized by the appropriate purchaser.
- (c) Whenever a repair service for rental equipment requires the removal of the equipment from the residential setting, the eligible provider must supply a substitute unit in proper working condition and comparable in all aspects to unit to be repaired. No extra rental charge will be allowed for this substituted equipment.

(15) General Rate Provisions for Pricing of New Codes

As described in 114.3 CMR 22.01 (5), the Division may publish new procedure codes in the form of an Informational Bulletin and set fees as follows:

- (a) when Medicare fees are available, set fees at
 - 1. 100% of Medicare for
 - a. specialized wheeled mobility and rehabilitation equipment and accessories
 - b. diabetic equipment and supplies
 - c. ostomy supplies
 - d. enteral products (BA or BO)
 - e. parenteral nutrition solutions
 - f. first six months rental for ventilators
 - g. oxygen and related equipment
 - h. speech generating devices
 - i. item designated by FDA as class III device.
 - 2. 80% of Medicare for all other items
- (b) when Medicare fees are not available, apply individual consideration at adjusted acquisition cost plus the standard markup as defined in 114.3 CMR 22.02.

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22.04: Reporting Requirements

(1) Required Reports. Upon the request of the Division, an eligible provider that has received payment during the previous fiscal year from a governmental unit for the provision of durable medical or oxygen respiratory therapy equipment shall forward to the Division the following information:

- (a) Most recent year end financial statement which shall include a balance sheet, income and expense statement and schedules of total salary and wage expenses;
- (b) Copies of 941 Forms for the previous four quarters accompanied by a list of all employees, which should include employee's name, job classification and responsibilities, and salaries as listed on the IRS W-2 Form;
- (c) List of any contract employees specifying fees paid and services performed; and
- (d) Statistical data as shall be designated by the Division, such as the total number of patients serviced, total number of rentals by type of equipment, total number or purchases, etc.

(2) Compliance Time. Each eligible provider shall also make available all records, books and reports relating to its operations, including such data and statistics, as the Division may from time to time request.

(3) Additional Information. Each eligible provider shall also make available all records, books and reports relating to its operations, including such data and statistics as the Division may from time to time request. At the discretion of the Division, an eligible provider may be allowed to substitute other cost data for the reports noted in 114.3 CMR 22.04(1). Such data may include reasonable forecasts of anticipated costs, utilization and levels of service to be provided during the current rate period, the costs and charges to the general public, reimbursement rates of providers who furnish comparable care, the comparable cost of alternative means of meeting patient needs.

(4) Extensions. Upon written request from a provider demonstrating that good cause exists, the Division may grant an extension of time for filing required reports.

(5) Penalty for Non-compliance.

- (a) Failure on the part of an eligible provider to submit other acceptable information as requested may be cause for removal from the list of eligible providers by the governmental purchasing agency until such information, data or statistics are filed.
- (b) Pursuant to M.G.L. c. 118G, eligible providers who knowingly fail to file or knowingly falsify required reports may be punished by a fine of not less than \$100 nor more than \$500.

22.05: Severability of the Provision of 114.3 CMR 22.00

The provisions of 114.3 CMR 22.00 are severable. If any provision of 114.3 CMR 22.00 or the application of any provision to the sale or rental of durable medical equipment, medical/surgical supplies, oxygen and respiratory therapy equipment should be held invalid or unconstitutional, such determination

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shall not be construed to affect the validity or constitutionality of any other provision of 114.3 CMR 22.00 or the application of any other provision.

REGULATORY AUTHORITY

114.3 CMR 22.00: M.G.L. c. 118G.

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22.06: Allowable Fees and Rate Schedule

Code	Rate	Description
<u>Medical and Surgical Supplies A4000-A8999</u>		
<u>Miscellaneous Supplies</u>		
A4206	0.22	Syringe with needle, sterile 1cc, each
A4207	0.43	Syringe with needle, sterile 2cc, each
A4208	0.28	Syringe with needle, sterile 3cc, each
A4209	0.45	Syringe with needle, sterile 5cc or greater, each
A4210	AAC+20%	Needle-free injection device, each
A4211	AAC+20%	Supplies for self-administered injections
A4212	0.13	Non-coring needle or stylet with or without catheter
A4213	0.76	Syringe, sterile, 20 cc or greater, each
A4215NU	0.10	Needle, sterile, any size, each
A4215KX	0.23	Needle, sterile, any size, each (specific required documentation on file, member treated with insulin)
A4216	0.45	Sterile water, saline and/or dextrose diluent/flush, 10 ml
A4217NU	2.13	Sterile water/saline 500 ml
A4217AU	2.66	Sterile water/saline 500 ml (items furnished in conjunction with urological, ostomy, or tracheostomy supplies)
A4218	AAC+20%	Sterile saline or water, metered dose dispenser, 10 ml
A4220	AAC+20%	Refill kit for implantable infusion pump
A4221	48.86	Supplies for maintenance of drug infusion catheter, per week (list drug separately)
A4222	46.73	Infusion supplies for external drug infusion pump, per cassette or bag (list drug separately)
A4223	AAC+20%	Infusion supplies not used with external infusion pump, per cassette or bag (list drugs separately)
A4230	AAC+20%	Infusion set for external insulin pump, non needle cannula type
A4231	AAC+20%	Infusion set for external insulin pump, needle type
A4232	3.45	Syringe with needle for external insulin pump, sterile, 3cc
A4233NU	0.80	Replacement battery, alkaline (other than j cell), for use with medically necessary home blood glucose monitor owned by patient, each
A4234NU	3.63	Replacement battery, alkaline, j cell, for use with medically necessary home blood glucose monitor owned by patient, each
A4235NU	2.34	Replacement battery, lithium, for use with medically necessary home blood glucose monitor owned by patient, each
A4236NU	1.68	Replacement battery, silver oxide, for use with medically necessary home blood glucose monitor owned by patient, each
A4244	1.27	Alcohol or peroxide, per pint
A4245	3.61	Alcohol wipes, per box
A4246	4.73	Betadine or phisohex solution, per pint
A4247	3.56	Betadine or iodine swabs/wipes, per box
A4248	AAC+20%	Chlorhexidine containing antiseptic, 1 ml
A4250	18.88	Urine test or reagent strips or tablets (100 tablets or strips)
A4253	36.94	Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips
A4255	3.91	Platforms for home blood glucose monitor, 50 per box
A4256	11.44	Normal, low and high calibrator solution / chips
A4257	12.75	Replacement lens shield cartridge for use with laser skin piercing

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Code	Rate	Description
		device, each
A4258	18.05	Spring-powered device for lancet, each
A4259	10.83	Lancets, per box of 100
A4265	2.71	Paraffin, per pound
A4281	AAC+20%	Tubing for breast pump, replacement
A4282	AAC+20%	Adapter for breast pump, replacement
A4283	AAC+20%	Cap for breast pump bottle, replacement
A4284	AAC+20%	Breast shield and splash protector for use with breast pump, replacement
A4285	AAC+20%	Polycarbonate bottle for use with breast pump, replacement
A4286	AAC+20%	Locking ring for breast pump, replacement
<u>Vascular Catheters</u>		
A4305	AAC+20%	Disposable drug delivery system, flow rate of 50 ml or greater per hour
A4306	AAC+20%	Disposable drug delivery system, flow rate of less than 50 ml per hour
A4310	7.72	Insertion tray without drainage bag and without catheter (accessories only)
A4311	13.97	Insertion tray without drainage bag with indwelling catheter, foley type, two-way latex with coating (teflon, silicone, silicone elastomer or hydrophilic, etc.)
A4312	15.33	Insertion tray without drainage bag with indwelling catheter, foley type, two-way, all silicone
A4313	15.74	Insertion tray without drainage bag with indwelling catheter, foley type, three-way, for continuous irrigation
A4314	21.50	Insertion tray with drainage bag with indwelling catheter, foley type, two-way latex with coating (teflon, silicone, silicone elastomer or hydrophilic, etc.)
A4315	22.43	Insertion tray with drainage bag with indwelling catheter, foley type, two-way, all silicone
A4316	28.40	Insertion tray with drainage bag with indwelling catheter, foley type, three-way, for continuous irrigation
A4319	6.33	Sterile water irrigation solution, 1000 ml
A4320	5.33	Irrigation tray with bulb or piston syringe, any purpose
A4321	AAC+20%	Therapeutic agent for urinary catheter irrigation
A4322	3.04	Irrigation syringe, bulb or piston, each
A4326	10.37	Male external catheter with integral collection chamber, any type, each
A4327	42.27	Female external urinary collection device; metal cup, each
A4328	8.88	Female external urinary collection device; pouch, each
A4330	7.15	Perianal fecal collection pouch with adhesive, each
A4331	3.18	Extension drainage tubing, any type, any length, with connector/adaptor, for use with urinary leg bag or urostomy pouch, each
A4332	0.12	Lubricant, individual sterile packet, each
A4333	2.20	Urinary catheter anchoring device, adhesive skin attachment, each
A4334	4.93	Urinary catheter anchoring device, leg strap, each
A4335	AAC+20%	Incontinence supply; miscellaneous
A4338	12.26	Indwelling catheter; foley type, two-way latex with coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.), each
A4340	31.75	Indwelling catheter; specialty type, eg; coude, mushroom, wing, etc.),

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Code	Rate	Description
		each
A4344	15.20	Indwelling catheter, foley type, two-way, all silicone, each
A4346	19.59	Indwelling catheter; foley type, three way for continuous irrigation, each
A4349	2.02	Male external catheter, with or without adhesive, disposable, each
A4351	1.81	Intermittent urinary catheter; straight tip, with or without coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.), each
A4352	6.42	Intermittent urinary catheter; coude (curved) tip, with or without coating (teflon, silicone, silicone elastomeric, or hydrophilic, etc.), each
A4353	6.99	Intermittent urinary catheter, with insertion supplies
A4354	11.80	Insertion tray with drainage bag but without catheter
A4355	7.57	Irrigation tubing set for continuous bladder irrigation through a three-way indwelling foley catheter, each
<u>External Urinary Supplies</u>		
A4356	38.79	External urethral clamp or compression device (not to be used for catheter clamp), each
A4357	8.25	Bedside drainage bag, day or night, with or without anti-reflux device, with or without tube, each
A4358	6.63	Urinary drainage bag, leg or abdomen, vinyl, with or without tube, with straps, each
<u>Ostomy Supplies</u>		
A4361	17.83	Ostomy faceplate, each
A4362	2.94	Skin barrier; solid, 4 x 4 or equivalent; each
A4363	2.36	Ostomy clamp, any type, replacement only, each
A4364	2.89	Adhesive, liquid or equal, any type, per oz
A4365	11.32	Adhesive remover wipes, any type, per 50
A4366	1.30	Ostomy vent, any type, each
A4367	6.62	Ostomy belt, each
A4368	0.26	Ostomy filter, any type, each
A4369	2.42	Ostomy skin barrier, liquid (spray, brush, etc), per oz
A4371	3.65	Ostomy skin barrier, powder, per oz
A4372	4.18	Ostomy skin barrier, solid 4x4 or equivalent, standard wear, with built-in convexity, each
A4373	6.28	Ostomy skin barrier, with flange (solid, flexible or accordian), with built-in convexity, any size, each
A4375	17.18	Ostomy pouch, drainable, with faceplate attached, plastic, each
A4376	47.58	Ostomy pouch, drainable, with faceplate attached, rubber, each
A4377	4.29	Ostomy pouch, drainable, for use on faceplate, plastic, each
A4378	30.75	Ostomy pouch, drainable, for use on faceplate, rubber, each
A4379	15.02	Ostomy pouch, urinary, with faceplate attached, plastic, each
A4380	37.33	Ostomy pouch, urinary, with faceplate attached, rubber, each
A4381	4.61	Ostomy pouch, urinary, for use on faceplate, plastic, each
A4382	24.62	Ostomy pouch, urinary, for use on faceplate, heavy plastic, each
A4383	28.19	Ostomy pouch, urinary, for use on faceplate, rubber, each
A4384	9.62	Ostomy faceplate equivalent, silicone ring, each
A4385	5.10	Ostomy skin barrier, solid 4x4 or equivalent, extended wear, without built-in convexity, each
A4387	4.01	Ostomy pouch, closed, with barrier attached, with built-in convexity (one piece), each
A4388	4.36	Ostomy pouch, drainable, with extended wear barrier attached, (one

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Code	Rate	Description
		piece), each
A4389	6.22	Ostomy pouch, drainable, with barrier attached, with built-in convexity (one piece), each
A4390	9.61	Ostomy pouch, drainable, with extended wear barrier attached, with built-in convexity (1 piece), each
A4391	7.07	Ostomy pouch, urinary, with extended wear barrier attached (1 piece), each
A4392	8.18	Ostomy pouch, urinary, with standard wear barrier attached, with built-in convexity (1 piece), each
A4393	9.04	Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity (1 piece), each
A4394	2.58	Ostomy deodorant, with or without lubricant, for use in ostomy pouch, liquid, per fluid ounce
A4395	0.05	Ostomy deodorant for use in ostomy pouch, solid, per tablet
A4396	40.48	Ostomy belt with peristomal hernia support
A4397	4.07	Irrigation supply; sleeve, each
A4398	13.56	Ostomy irrigation supply; bag, each
A4399	12.26	Ostomy irrigation supply; cone/catheter, including brush
A4400	48.87	Ostomy irrigation set
A4402	1.36	Lubricant, per ounce
A4404	1.69	Ostomy ring, each
A4405	3.40	Ostomy skin barrier, non-pectin based, paste, per ounce
A4406	5.74	Ostomy skin barrier, pectin-based, paste, per ounce
A4407	8.76	Ostomy skin barrier, with flange (solid, flexible, or accordion), extended wear, with built-in convexity, 4 x 4 inches or smaller, each
A4408	9.87	Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, with built-in convexity, larger than 4 x 4 inches, each
A4409	6.22	Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, 4 x 4 inches or smaller, each
A4410	9.04	Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, larger than 4 x 4 inches, each
A4411	5.10	Ostomy skin barrier, solid 4x4 or equivalent, extended wear, with built-in convexity, each
A4412	2.70	Ostomy pouch, drainable, high output, for use on a barrier with flange (2 piece system), without filter, each
A4413	5.50	Ostomy pouch, drainable, high output, for use on a barrier with flange (2 piece system), with filter, each
A4414	4.93	Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, 4 x 4 inches or smaller, each
A4415	6.00	Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, larger than 4x4 inches, each
A4416	2.75	Ostomy pouch, closed, with barrier attached, with filter (1 piece), each
A4417	3.72	Ostomy pouch, closed, with barrier attached, with built-in convexity, with filter (1 piece), each
A4418	1.81	Ostomy pouch, closed; without barrier attached, with filter (1 piece), each
A4419	1.74	Ostomy pouch, closed; for use on barrier with non-locking flange, with filter (2 piece), each

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Code	Rate	Description
A4420	AAC+20%	Ostomy pouch, closed, for use on barrier with locking flange (2 piece), each
A4421	AAC+20%	Ostomy supply; miscellaneous
A4422	0.12	Ostomy absorbent material (sheet/pad/crystal packet) for use in ostomy pouch to thicken liquid stomal output, each
A4423	1.86	Ostomy pouch, closed; for use on barrier with locking flange, with filter (2 piece), each
A4424	4.75	Ostomy pouch, drainable, with barrier attached, with filter (1 piece), each
A4425	3.58	Ostomy pouch, drainable; for use on barrier with non-locking flange, with filter (2 piece system), each
A4426	2.73	Ostomy pouch, drainable; for use on barrier with locking flange (2 piece system), each
A4427	2.78	Ostomy pouch, drainable; for use on barrier with locking flange, with filter (2 piece system), each
A4428	6.51	Ostomy pouch, urinary, with extended wear barrier attached, with faucet-type tap with valve (1 piece), each
A4429	8.25	Ostomy pouch, urinary, with barrier attached, with built-in convexity, with faucet-type tap with valve (1 piece), each
A4430	8.52	Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity, with faucet-type tap with valve (1 piece), each
A4431	6.22	Ostomy pouch, urinary; with barrier attached, with faucet-type tap with valve (1 piece), each
A4432	3.59	Ostomy pouch, urinary; for use on barrier with non-locking flange, with faucet-type tap with valve (2 piece), each
A4433	3.34	Ostomy pouch, urinary; for use on barrier with locking flange (2 piece), each
A4434	3.76	Ostomy pouch, urinary; for use on barrier with locking flange, with faucet-type tap with valve (2 piece), each
<u>Additional Miscellaneous Supplies</u>		
A4450AU	0.09	Tape, non-waterproof, per 18 square inches
A4450AV	0.07	Tape, non-waterproof, per 18 square inches
A4450AW	0.09	Tape, non-waterproof, per 18 square inches
A4452AU	0.36	Tape, waterproof, per 18 square inches
A4452AV	0.29	Tape, waterproof, per 18 square inches
A4452AW	0.32	Tape, waterproof, per 18 square inches
A4455	1.43	Adhesive remover or solvent (for tape, cement or other adhesive), per ounce
A4458	AAC+20%	Enema bag with tubing, reusable
A4461	2.63	Surgical dressing holder, non-reusable, each
A4463	10.65	Surgical dressing holder, reusable, each
A4465	11.52	Non-elastic binder for extremity
A4470	AAC+20%	Gravlee jet washer
A4480	AAC+20%	Vabra aspirator
A4481	0.37	Tracheostoma filter, any type, any size, each
A4483	69.60	Moisture exchanger, disposable, for use with invasive mechanical ventilation
A4490	7.26	Surgical stockings above knee length, each
A4495	28.85	Surgical stockings thigh length, each
A4500	8.22	Surgical stockings below knee length, each
A4510	11.61	Surgical stockings full length, each

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Code	Rate	Description
A4520	AAC+20%	Incontinence garment, any type (e.g., brief, diaper), each
A4550	1.52	Surgical trays
A4554	0.29	Disposable underpads, all sizes, (e.g.' chux's)
A4556	8.26	Electrodes, (e.g., apnea monitor), per pair
A4557	16.88	Lead wires, (e.g., apnea monitor), per pair
A4558	3.70	Conductive gel or paste, for use with electrical device (e.g., TENS, NMES), per oz
A4559	0.08	Coupling gel or paste, for use with ultrasound device, per oz
A4561	14.90	Pessary, rubber, any type
A4562	37.10	Pessary, non rubber, any type
A4565	3.96	Slings
A4570	AAC+20%	Splint
A4575	AAC+20%	Topical hyperbaric oxygen chamber, disposable
A4580	AAC+20%	Cast supplies (e.g. plaster)
A4590	AAC+20%	Special casting material (e.g. fiberglass)
A4595	23.05	Electrical stimulator supplies, 2 lead, per month, (e.g. TENS, NMES)
A4600	AAC+20%	Sleeve for intermittent limb compression device, replacement only, each
A4601	AAC+20%	Lithium ion battery for non-prosthetic use, replacement
A4604NU	53.45	Tubing with integrated heating element for use with positive airway pressure device
A4605NU	13.12	Tracheal suction catheter, closed system, each
A4606	AAC+20%	Oxygen probe for use with oximeter device, replacement
A4608	58.15	Transtracheal oxygen catheter, each
<u>Supplies for Oxygen and Related Respiratory Equipment</u>		
A4611NU	157.16	Battery, heavy duty; replacement for patient owned ventilator (new equipment)
A4611RR	16.30	Battery, heavy duty; replacement for patient owned ventilator (rental)
A4611UE	117.87	Battery, heavy duty; replacement for patient owned ventilator (used durable medical equipment)
A4612NU	63.94	Battery cables; replacement for patient-owned ventilator (new equipment)
A4612RR	6.51	Battery cables; replacement for patient-owned ventilator (rental)
A4612UE	48.76	Battery cables; replacement for patient-owned ventilator (used durable medical equipment)
A4613NU	98.06	Battery charger; replacement for patient-owned ventilator (new equipment)
A4613RR	9.82	Battery charger; replacement for patient-owned ventilator (rental)
A4613UE	70.92	Battery charger; replacement for patient-owned ventilator (used durable medical equipment)
A4614	19.02	Peak expiratory flow rate meter, hand held
A4615	1.57	Cannula, nasal
A4616	0.45	Tubing (oxygen), per foot
A4617	1.25	Mouth piece
A4618NU	7.11	Breathing circuits
A4618RR	0.82	Breathing circuits
A4618UE	5.34	Breathing circuits
A4619	0.97	Face tent
A4620	6.21	Variable concentration mask
A4623	6.55	Tracheostomy, inner cannula
A4624NU	1.79	Tracheal suction catheter, any type other than closed system, each

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Code	Rate	Description
A4625	5.89	Tracheostomy care kit for new tracheostomy
A4626	3.19	Tracheostomy cleaning brush, each
A4627	13.28	Spacer, bag or reservoir, with or without mask, for use with metered dose inhaler
A4628NU	2.99	Oropharyngeal suction catheter, each
A4629	4.63	Tracheostomy care kit for established tracheostomy
<u>Supplies for Other Durable Medical Equipment</u>		
A4630NU	5.00	Replacement batteries, medically necessary, transcutaneous electrical stimulator, owned by patient
A4632	AAC+20%	Replacement battery for external infusion pump, any type, each
A4633NU	32.83	Replacement bulb/lamp for ultraviolet light therapy system, each
A4634	AAC+20%	Replacement bulb for therapeutic light box, tabletop model
A4635NU	4.10	Underarm pad, crutch, replacement, each (new equipment)
A4635RR	0.55	Underarm pad, crutch, replacement, each (rental)
A4635UE	2.71	Underarm pad, crutch, replacement, each (used durable medical equipment)
A4636NU	3.37	Replacement, handgrip, cane, crutch, or walker, each (new equipment)
A4636RR	0.34	Replacement, handgrip, cane, crutch, or walker, each (rental)
A4636UE	2.46	Replacement, handgrip, cane, crutch, or walker, each (used durable medical equipment)
A4637NU	1.70	Replacement, tip, cane, crutch, walker, each (new equipment)
A4637RR	0.24	Replacement, tip, cane, crutch, walker, each (rental)
A4637UE	1.29	Replacement, tip, cane, crutch, walker, each (used durable medical equipment)
A4638NU	AAC+20%	Replacement battery for patient-owned ear pulse generator, each (new equipment)
A4638RR	I.C.	Replacement battery for patient-owned ear pulse generator, each (rental)
A4638UE	I.C.	Replacement battery for patient-owned ear pulse generator, each (used durable medical equipment)
A4639NU	229.77	Replacement pad for infrared heating pad system, each
A4640NU	50.66	Replacement pad for use with medically necessary alternating pressure pad owned by patient (new equipment)
A4640RR	5.16	Replacement pad for use with medically necessary alternating pressure pad owned by patient (rental)
A4640UE	35.89	Replacement pad for use with medically necessary alternating pressure pad owned by patient (used durable medical equipment)
A4649	AAC+20%	Surgical supplies, miscellaneous
<u>Supplies for ESRD</u>		
A4651	AAC+20%	Calibrated microcapillary tube, each
A4652	AAC+20%	Microcapillary tube sealant
A4653	AAC+20%	Peritoneal dialysis catheter anchoring device, belt, each
A4657	AAC+20%	Syringe, with or without needle, each
A4660	44.52	Sphygmomanometer/blood pressure apparatus with cuff and stethoscope
A4663	30.08	Blood pressure cuff only
A4670	63.57	Automatic blood pressure monitor
A4671	AAC+20%	Disposable cyler set used with cyler dialysis machine, each
A4672	AAC+20%	Drainage extension line, sterile, for dialysis, each
A4673	AAC+20%	Extension line with easy lock connectors, used with dialysis

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Code	Rate	Description
A4674	AAC+20%	Chemicals/antiseptics solution used to clean/sterilize dialysis equipment, per 8 oz
A4680	AAC+20%	Activated carbon filter for hemodialysis, each
A4690	AAC+20%	Dialyzer (artificial kidneys), all types, all sizes, for hemodialysis, each
A4706	AAC+20%	Bicarbonate concentrate, solution, for hemodialysis, per gallon
A4707	AAC+20%	Bicarbonate concentrate, powder, for hemodialysis, per packet
A4708	AAC+20%	Acetate concentrate solution, for hemodialysis, per gallon
A4709	AAC+20%	Acid concentrate, solution, for hemodialysis, per gallon
A4714	AAC+20%	Treated water (deionized, distilled, or reverse osmosis) for peritoneal dialysis, per gallon
A4719	AAC+20%	Y set tubing for peritoneal dialysis
A4720	AAC+20%	Dialysate solution, any concentration of dextrose, fluid volume greater than 249cc, but less than or equal to 999cc, for peritoneal dialysis
A4721	AAC+20%	Dialysate solution, any concentration of dextrose, fluid volume greater than 999cc but less than or equal to 1999cc, for peritoneal dialysis
A4722	AAC+20%	Dialysate solution, any concentration of dextrose, fluid volume greater than 1999cc but less than or equal to 2999cc, for peritoneal dialysis
A4723	AAC+20%	Dialysate solution, any concentration of dextrose, fluid volume greater than 2999cc but less than or equal to 3999cc, for peritoneal dialysis
A4724	AAC+20%	Dialysate solution, any concentration of dextrose, fluid volume greater than 3999cc but less than or equal to 4999cc, for peritoneal dialysis
A4725	AAC+20%	Dialysate solution, any concentration of dextrose, fluid volume greater than 4999cc but less than or equal to 5999cc, for peritoneal dialysis
A4726	AAC+20%	Dialysate solution, any concentration of dextrose, fluid volume greater than 5999cc, for peritoneal dialysis
A4728	AAC+20%	Dialysate solution, non-dextrose containing, 500 ml
A4730	AAC+20%	Fistula cannulation set for hemodialysis, each
A4736	AAC+20%	Topical anesthetic, for dialysis, per gram
A4737	AAC+20%	Injectable anesthetic, for dialysis, per 10 ml
A4740	AAC+20%	Shunt accessory, for hemodialysis, any type, each
A4750	AAC+20%	Blood tubing, arterial or venous, for hemodialysis, each
A4755	AAC+20%	Blood tubing, arterial and venous combined, for hemodialysis, each
A4760	AAC+20%	Dialysate solution test kit, for peritoneal dialysis, any type, each
A4765	AAC+20%	Dialysate concentrate, powder, additive for peritoneal dialysis, per packet
A4766	AAC+20%	Dialysate concentrate, solution, additive for peritoneal dialysis, per 10 ml
A4770	AAC+20%	Blood collection tube, vacuum, for dialysis, per 50
A4771	AAC+20%	Serum clotting time tube, for dialysis, per 50
A4772	17.31	Blood glucose test strips, for dialysis, per 50
A4773	AAC+20%	Occult blood test strips, for dialysis, per 50
A4774	AAC+20%	Ammonia test strips, for dialysis, per 50
A4802	AAC+20%	Protamine sulfate, for hemodialysis, per 50 mg
A4860	AAC+20%	Disposable catheter tips for peritoneal dialysis, per 10
A4870	AAC+20%	Plumbing and/or electrical work for home hemodialysis equipment

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Code	Rate	Description
A4890	AAC+20%	Contracts, repair and maintenance, for hemodialysis equipment
A4911	AAC+20%	Drain bag/bottle, for dialysis, each
A4913	AAC+20%	Miscellaneous dialysis supplies, not otherwise specified
A4918	AAC+20%	Venous pressure clamp, for hemodialysis, each
A4927	4.78	Gloves, non-sterile, per 100
A4928	AAC+20%	Surgical mask, per 20
A4929	AAC+20%	Tourniquet for dialysis, each
A4930	0.36	Gloves, sterile, per pair
A4931	AAC+20%	Oral thermometer, reusable, any type, each
A4932	AAC+20%	Rectal thermometer, reusable, any type, each
<u>Additional Ostomy Supplies</u>		
A5051	2.07	Ostomy pouch, closed; with barrier attached (one piece), each
A5052	1.49	Ostomy pouch, closed; without barrier attached (one piece), each
A5053	1.49	Ostomy pouch, closed; for use on faceplate, each
A5054	1.79	Ostomy pouch, closed; for use on barrier with flange (two piece), each
A5055	1.44	Stoma cap
A5061	3.52	Ostomy pouch, drainable; with barrier attached, (one piece), each
A5062	2.22	Ostomy pouch, drainable; without barrier attached (one piece), each
A5063	2.70	Ostomy pouch, drainable; for use on barrier with flange (two piece system), each
A5071	6.01	Ostomy pouch, urinary; with barrier attached (one piece), each
A5072	3.52	Ostomy pouch, urinary; without barrier attached (one piece), each
A5073	3.18	Ostomy pouch, urinary; for use on barrier with flange (two piece), each
A5081	3.30	Continent device; plug for continent stoma
A5082	11.89	Continent device; catheter for continent stoma
A5083	AAC+20%	Continent device, stoma absorptive cover for continent stoma
A5093	1.95	Ostomy accessory; convex insert
<u>Additional Incontinence Appliances/Supplies</u>		
A5102	22.42	Bedside drainage bottle with or without tubing, rigid or expandable, each
A5105	34.65	Urinary suspensory; with or without leg bag, with or without tube, each
A5112	29.93	Urinary leg bag; latex
A5113	4.47	Leg strap; latex, replacement only, per set
A5114	7.60	Leg strap; foam or fabric, replacement only, per set
<u>Supplies for Either Incontinence or Ostomy Appliances</u>		
A5120AU	0.25	Skin barrier, wipes or swabs, each
A5120AV	0.21	Skin barrier, wipes or swabs, each
A5121	7.39	Skin barrier; solid, 6 x 6 or equivalent, each
A5122	10.92	Skin barrier; solid, 8 x 8 or equivalent, each
A5126	1.32	Adhesive or non-adhesive; disk or foam pad
A5131	15.86	Appliance cleaner, incontinence and ostomy appliances, per 16 oz.
A5200	11.30	Percutaneous catheter/tube anchoring device, adhesive skin attachment
<u>Dressings</u>		
A6000	AAC+20%	Non-contact wound warming wound cover for use with the non-contact wound warming device and warming card
A6010	24.77	Collagen based wound filler, dry form, per gram of collagen
A6011	1.82	Collagen based wound filler, gel/paste, per gram of collagen

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Code	Rate	Description
A6021	16.82	Collagen dressing, pad size 16 sq. in. or less, each
A6022	16.82	Collagen dressing, pad size more than 16 sq. in. but less than or equal to 48 sq. in., each
A6023	152.24	Collagen dressing, pad size more than 48 sq. in., each
A6024	4.95	Collagen dressing wound filler, per 6 inches
A6025	AAC+20%	Gel sheet for dermal or epidermal application, (e.g., silicone, hydrogel, other), each
A6154	11.50	Wound pouch, each
A6196	5.88	Alginate or other fiber gelling dressing, wound cover, pad size 16 sq. in. or less, each dressing
A6197	13.15	Alginate or other fiber gelling dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., each dressing
A6198	AAC+20%	Alginate or other fiber gelling dressing, wound cover, pad size more than 48 sq. in., each dressing
A6199	4.23	Alginate or other fiber gelling dressing, wound filler, per 6 inches
A6200	7.60	Composite dressing, pad size 16 sq. in. or less, without adhesive border, each dressing
A6201	16.64	Composite dressing, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing
A6202	27.90	Composite dressing, pad size more than 48 sq. in., without adhesive border, each dressing
A6203	2.68	Composite dressing, pad size 16 sq. in. or less, with any size adhesive border, each dressing
A6204	4.98	Composite dressing, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing
A6205	14.64	Composite dressing, pad size more than 48 sq. in., with any size adhesive border, each dressing
A6206	AAC+20%	Contact layer, 16 sq. in. or less, each dressing
A6207	5.87	Contact layer, more than 16 sq. in. but less than or equal to 48 sq. in., each dressing
A6208	AAC+20%	Contact layer, more than 48 sq. in., each dressing
A6209	5.98	Foam dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing
A6210	15.94	Foam dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing
A6211	23.50	Foam dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing
A6212	7.76	Foam dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing
A6213	9.25	Foam dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing
A6214	8.23	Foam dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing
A6215	AAC+20%	Foam dressing, wound filler, per gram
A6216	0.04	Gauze, non-impregnated, non-sterile, pad size 16 sq. in. or less, without adhesive border, each dressing
A6217	0.18	Gauze, non-impregnated, non-sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing
A6218	0.57	Gauze, non-impregnated, non-sterile, pad size more than 48 sq. in.,

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Code	Rate	Description
		without adhesive border, each dressing
A6219	0.76	Gauze, non-impregnated, pad size 16 sq. in. or less, with any size adhesive border, each dressing
A6220	2.06	Gauze, non-impregnated, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing
A6221	AAC+20%	Gauze, non-impregnated, pad size more than 48 sq. in., with any size adhesive border, each dressing
A6222	1.70	Gauze, impregnated with other than water, normal saline, or hydrogel, pad size 16 sq. in. or less, without adhesive border, each dressing
A6223	1.94	Gauze, impregnated with other than water, normal saline, or hydrogel, pad size more than 16 square inches, but less than or equal to 48 square inches, without adhesive border, each dressing
A6224	2.89	Gauze, impregnated with other than water, normal saline, or hydrogel, pad size more than 48 square inches, without adhesive border, each dressing
A6228	AAC+20%	Gauze, impregnated, water or normal saline, pad size 16 sq. in. or less, without adhesive border, each dressing
A6229	2.89	Gauze, impregnated, water or normal saline, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing
A6230	AAC+20%	Gauze, impregnated, water or normal saline, pad size more than 48 sq. in., without adhesive border, each dressing
A6231	3.73	Gauze, impregnated, hydrogel, for direct wound contact, pad size 16 sq. in. or less, each dressing
A6232	5.50	Gauze, impregnated, hydrogel, for direct wound contact, pad size greater than 16 sq. in., but less than or equal to 48 sq. in., each dressing
A6233	15.35	Gauze, impregnated, hydrogel for direct wound contact, pad size more than 48 sq. in., each dressing
A6234	5.23	Hydrocolloid dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing
A6235	13.46	Hydrocolloid dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing
A6236	21.80	Hydrocolloid dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing
A6237	6.33	Hydrocolloid dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing
A6238	18.23	Hydrocolloid dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing
A6239	20.53	Hydrocolloid dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing
A6240	9.79	Hydrocolloid dressing, wound filler, paste, per fluid ounce
A6241	2.06	Hydrocolloid dressing, wound filler, dry form, per gram
A6242	4.86	Hydrogel dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing
A6243	9.85	Hydrogel dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing

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Code	Rate	Description
A6244	31.42	Hydrogel dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing
A6245	5.82	Hydrogel dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing
A6246	7.94	Hydrogel dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing
A6247	19.02	Hydrogel dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing
A6248	12.99	Hydrogel dressing, wound filler, gel, per fluid ounce
A6250	9.21	Skin sealants, protectants, moisturizers, ointments, any type, any size
A6251	1.59	Specialty absorptive dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing
A6252	2.60	Specialty absorptive dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing
A6253	5.07	Specialty absorptive dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing
A6254	0.97	Specialty absorptive dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing
A6255	2.42	Specialty absorptive dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing
A6256	1.38	Specialty absorptive dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing
A6257	1.22	Transparent film, 16 sq. in. or less, each dressing
A6258	3.44	Transparent film, more than 16 sq. in. but less than or equal to 48 sq. in., each dressing
A6259	8.75	Transparent film, more than 48 sq. in., each dressing
A6260	11.23	Wound cleansers, any type, any size
A6261	AAC+20%	Wound filler, gel/paste, per fluid ounce, not elsewhere classified
A6262	0.97	Wound filler, dry form, per gram, not elsewhere classified
A6266	1.54	Gauze, impregnated, other than water, normal saline, or zinc paste, any width, per linear yard
A6402	0.10	Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing
A6403	0.34	Gauze, non-impregnated, sterile, pad size more than 16 sq. in. less than or equal to 48 sq. in., without adhesive border, each dressing
A6404	0.64	Gauze, non-impregnated, sterile, pad size more than 48 sq. in., without adhesive border, each dressing
A6407	1.50	Packing strips, non-impregnated, up to 2 inch in width, per linear yard
A6410	0.31	Eye pad, sterile, each
A6411	AAC+20%	Eye pad, non-sterile, each
A6412	AAC+20%	Eye patch, occlusive, each
A6413	AAC+20%	Adhesive bandage, first-aid type, any size, each
A6441	0.54	Padding bandage, non-elastic, non-woven/non-knitted, width greater than or equal to three inches and less than five inches, per yard
A6442	0.14	Conforming bandage, non-elastic, knitted/woven, non-sterile, width less than three inches, per yard

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Code	Rate	Description
A6443	0.23	Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to three inches and less than five inches, per yard
A6444	0.45	Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than five inches, per yard
A6445	0.26	Conforming bandage, non-elastic, knitted/woven, sterile, width less than three inches, per yard
A6446	0.33	Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to three inches and less than five inches, per yard
A6447	0.54	Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to five inches, per yard
A6448	0.93	Light compression bandage, elastic, knitted/woven, width less than three inches, per yard
A6449	1.40	Light compression bandage, elastic, knitted/woven, width greater than or equal to three inches and less than five inches, per yard
A6450	AAC+20%	Light compression bandage, elastic, knitted/woven, width greater than or equal to five inches, per yard
A6451	AAC+20%	Moderate compression bandage, elastic, knitted/woven, load resistance of 1.25 to 1.34 foot pounds at 50% maximum stretch, width greater than or equal to three inches or less than five inches, per yard
A6452	4.73	High compression bandage, elastic, knitted/woven, load resistance greater than or equal to 1.35 foot pounds at 50% maximum stretch, width greater than or equal to three inches or less than five inches, per yard
A6453	0.49	Self-adherent bandage, elastic, non-knitted/non-woven, less than three inches, per yard
A6454	0.62	Self-adherent bandage, elastic, non-knitted/non-woven, width greater than or equal to three inches and less than five inches, per yard
A6455	1.11	Self-adherent bandage, elastic, non-knitted/non-woven, width greater than or equal to five inches, per yard
A6456	1.02	Zinc paste impregnated bandage, non-elastic, knitted/woven, width greater than or equal to three inches and less than five inches, per yard
A6457	0.91	Tubular dressing with or without elastic, any width, per linear yard
A6501	AAC+20%	Compression burn garment, bodysuit (head to foot), custom fabricated
A6502	AAC+20%	Compression burn garment, chin strap, custom fabricated
Code	Rate	Description
A6503	AAC+20%	Compression burn garment, facial hood, custom fabricated
A6504	AAC+20%	Compression burn garment, glove to wrist, custom fabricated
A6505	AAC+20%	Compression burn garment, glove to elbow, custom fabricated
A6506	AAC+20%	Compression burn garment, glove to axilla, custom fabricated
A6507	AAC+20%	Compression burn garment, foot to knee length, custom fabricated
A6508	AAC+20%	Compression burn garment, foot to thigh length, custom fabricated
A6509	AAC+20%	Compression burn garment, upper trunk to waist including arm openings (vest), custom fabricated
A6510	AAC+20%	Compression burn garment, trunk, including arms down to leg

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Code	Rate	Description
A6511	AAC+20%	openings (leotard), custom fabricated
A6512	AAC+20%	Compression burn garment, lower trunk including leg openings (panty), custom fabricated
A6513	AAC+20%	Compression burn garment, not otherwise classified
A6550	21.94	Compression burn mask, face/neck
A7000NU	7.00	Wound care set, for negative pressure wound therapy electrical pump, includes all supplies and accessories
A7001NU	25.04	Canister, disposable, used with suction pump, each
A7002NU	2.90	Canister, non-disposable, used with suction pump, each
A7003NU	2.19	Tubing, used with suction pump, each
A7004NU	1.24	Administration set, with small volume nonfiltered pneumatic nebulizer, disposable
A7005NU	23.36	Small volume nonfiltered pneumatic nebulizer, disposable
A7006NU	6.83	Administration set, with small volume nonfiltered pneumatic nebulizer, non-disposable
A7007NU	3.34	Administration set, with small volume filtered pneumatic nebulizer
A7008NU	8.80	Large volume nebulizer, disposable, unfilled, used with aerosol compressor
A7009NU	31.83	Large volume nebulizer, disposable, prefilled, used with aerosol compressor
A7010NU	18.87	Reservoir bottle, non-disposable, used with large volume ultrasonic nebulizer
A7011NU	AAC+20%	Corrugated tubing, disposable, used with large volume nebulizer, 100 feet
A7012NU	3.01	Corrugated tubing, non-disposable, used with large volume nebulizer, 10 feet
A7013NU	0.62	Water collection device, used with large volume nebulizer
A7014NU	3.39	Filter, disposable, used with aerosol compressor
A7015NU	1.38	Filter, nondisposable, used with aerosol compressor or ultrasonic generator
A7016NU	5.48	Aerosol mask, used with DME nebulizer
A7017NU	107.23	Dome and mouthpiece, used with small volume ultrasonic nebulizer
A7017RR	10.72	Nebulizer, durable, glass or autoclavable plastic, bottle type, not used with oxygen (new equipment)
A7017UE	80.42	Nebulizer, durable, glass or autoclavable plastic, bottle type, not used with oxygen (rental)
A7018	0.30	Nebulizer, durable, glass or autoclavable plastic, bottle type, not used with oxygen (used durable medical equipment)
A7025NU	347.95	Water, distilled, used with large volume nebulizer, 1000 ml
A7026NU	23.00	High frequency chest wall oscillation system vest, replacement for use with patient owned equipment, each
A7027NU	179.35	High frequency chest wall oscillation system hose, replacement for use with patient owned equipment, each
A7028NU	49.54	Combination oral/nasal mask, used with continuous positive airway pressure device, each
A7029NU	20.25	Oral cushion for combination oral/nasal mask, replacement only, each
A7030NU	150.91	Nasal pillows for combination oral/nasal mask, replacement only, pair
A7031NU	55.82	Full face mask used with positive airway pressure device, each
		Face mask interface, replacement for full face mask, each

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Code	Rate	Description
A7032NU	32.42	Cushion for use on nasal mask interface, replacement only, each
A7033NU	22.73	Pillow for use on nasal cannula type interface, replacement only, pair
A7034NU	94.11	Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap
A7035NU	29.73	Headgear used with positive airway pressure device
A7036NU	14.56	Chinstrap used with positive airway pressure device
A7037NU	32.82	Tubing used with positive airway pressure device
A7038NU	3.66	Filter, disposable, used with positive airway pressure device
A7039NU	12.26	Filter, non disposable, used with positive airway pressure device
A7040	29.49	One way chest drain valve
A7041	55.41	Water seal drainage container and tubing for use with implanted chest tube
A7042	132.50	Implanted pleural catheter, each
A7043	18.80	Vacuum drainage bottle and tubing for use with implanted catheter
A7044NU	96.73	Oral interface used with positive airway pressure device, each
A7045NU	15.58	Exhalation port with or without swivel used with accessories for positive airway devices, replacement only (new equipment)
A7045RR	1.56	Exhalation port with or without swivel used with accessories for positive airway devices, replacement only (rental)
A7045UE	11.68	Exhalation port with or without swivel used with accessories for positive airway devices, replacement only (used durable medical equipment)
A7046NU	15.61	Replacement water chamber for humidifier, used with positive pressure device, each
A7501	105.03	Tracheostoma valve, including diaphragm, each
A7502	49.91	Replacement diaphragm/faceplate for tracheostoma valve, each
A7503	11.33	Filter holder or filter cap, reusable, for use in a tracheostoma heat and moisture exchange system, each
A7504	0.67	Filter for use in a tracheostoma heat and moisture exchange system, each
A7505	4.68	Housing, reusable without adhesive, for use in a heat and moisture exchange system and/or with a tracheostoma valve, each
A7506	0.33	Adhesive disc for use in a heat and moisture exchange system and/or with tracheostoma valve, any type each
A7507	2.49	Filter holder and integrated filter without adhesive, for use in a tracheostoma heat and moisture exchange system, each
A7508	2.87	Housing and integrated adhesive, for use in a tracheostoma heat and moisture exchange system and/or with a tracheostoma valve, each
A7509	1.41	Filter holder and integrated filter housing, and adhesive, for use as a tracheostoma heat and moisture exchange system, each
A7520NU	47.48	Tracheostomy/laryngectomy tube, non-cuffed, polyvinylchloride (PVC), silicone or equal, each
A7520UC	AAC+20%	Tracheostomy/laryngectomy tube, non-cuffed, polyvinylchloride (PVC), silicone or equal, each (pediatric specialized rehabilitation equipment)
A7521NU	47.05	Tracheostomy/laryngectomy tube, cuffed, polyvinylchloride (PVC), silicone or equal, each
A7521UC	AAC+20%	Tracheostomy/laryngectomy tube, cuffed, polyvinylchloride (PVC), silicone or equal, each (pediatric specialized rehabilitation equipment)

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Code	Rate	Description
A7522NU	45.16	Tracheostomy/laryngectomy tube, stainless steel [sterilizable and reusable], each
A7522UC	AAC+20%	Tracheostomy/laryngectomy tube, cuffed, polyvinylchloride (PVC), silicone or equal, each (pediatric specialized rehabilitation equipment)
A7523	AAC+20%	Tracheostomy shower protector, each
A7524	AAC+20%	Tracheostoma stent/stud/button, each
A7525	2.07	Tracheostomy mask, each
A7526	3.37	Tracheostomy tube collar/holder, each
A7527	AAC+20%	Tracheostomy/laryngectomy tube plug, each
A8000NU	122.68	Helmet, protective, soft, prefabricated, includes all components and accessories (new equipment)
A8000RR	12.26	Helmet, protective, soft, prefabricated, includes all components and accessories (rental)
A8000UE	92.02	Helmet, protective, soft, prefabricated, includes all components and accessories (used durable medical equipment)
A8001NU	122.68	Helmet, protective, hard, prefabricated, includes all components and accessories (new equipment)
A8001RR	12.26	Helmet, protective, hard, prefabricated, includes all components and accessories (rental)
A8001UE	92.02	Helmet, protective, hard, prefabricated, includes all components and accessories (used durable medical equipment)

Administrative, Miscellaneous and Investigational A9000-9999

A9274	AAC+20%	External ambulatory insulin delivery system, disposable, each, includes all supplies and accessories
A9275	AAC+30%	Home glucose disposable monitor, includes test strips
A9279	AAC+20%	Monitoring feature/device, stand-alone or integrated, any type, includes all accessories, components and electronics, not otherwise classified
A9280	AAC+30%	Alarm or alarm device, not otherwise classified
A9281	AAC+20%	Reaching/grabbing device, any type, any length, each
A9282	AAC+20%	Wig, any type, each
A9300	AAC+30%	Exercise equipment
A9900	AAC+20%	Miscellaneous DME supply, accessory, and/or service component of another HCPCS code
A9999	AAC+20%	Miscellaneous DME supply or accessory, not otherwise specified

Enteral and Parenteral Therapy B4000-B9999

Enteral Formulae and Enteral Medical Supplies

B4034	4.90	Enteral feeding supply kit; syringe fed, per day
B4035	9.33	Enteral feeding supply kit; pump fed, per day
B4036	6.40	Enteral feeding supply kit; gravity fed, per day
B4081	17.30	Nasogastric tubing with stylet
B4082	12.87	Nasogastric tubing without stylet
B4083	1.97	Stomach tube - levine type
B4087NU	28.55	Gastrostomy/jejunostomy tube, standard, any material, any type, each
B4087UC	114.00	Gastrostomy/jejunostomy tube, standard, any material, any type, each (mickey tube)
B4088NU	28.55	Gastrostomy/jejunostomy tube, low-profile, any material, any type, each
B4088UC	114.00	Gastrostomy/jejunostomy tube, low-profile, any material, any type,

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Code	Rate	Description
		each (mickey tube)
B4100	AAC+25%	Food thickener, administered orally, per ounce
B4102	AAC+25%	Enteral formula, for adults, used to replace fluids and electrolytes (e.g., clear liquids), 500 ML = 1 unit
B4103	AAC+25%	Enteral formula, for pediatrics, used to replace fluids and electrolytes (e.g., clear liquids), 500 ML = 1 unit
B4104	AAC+25%	Additive for enteral formula (e.g., fiber)
B4149BA	1.57	Enteral formula, manufactured blenderized natural foods with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit (item furnished in conjunction with PEN services)
B4149B0	AAC+25%	Enteral formula, manufactured blenderized natural foods with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit (orally administered, 1 can = 1 unit)
B4150BA	0.67	Enteral formula, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit (item furnished in conjunction with PEN services)
B4150B0	1.63	Enteral formula, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit (orally administered, 1 can = 1 unit)
B4152BA	0.56	Enteral formula, nutritionally complete, calorically dense (equal to or greater than 1.5 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit (item furnished in conjunction with PEN services)
B4152B0	1.51	Enteral formula, calorically dense (equal to or greater than 1.5 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit (orally administered, 1 can = 1 unit)
B4153BA	1.91	Enteral formula, hydrolyzed nutritionally complete, hydrolyzed proteins (amino acids and peptide chain), includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit (item furnished in conjunction with PEN services)
B4153B0	9.17	Enteral formula, hydrolyzed nutritionally complete, hydrolyzed proteins (amino acids and peptide chain), includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit (orally administered, 1 can = 1 unit)
B4154BA	1.22	Enteral formula, nutritionally complete, for special metabolic needs, excludes inherited disease or metabolism, includes altered composition of proteins, fats, carbohydrates, vitamins and/or minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit (item furnished in conjunction with PEN services)
B4154B0	AAC+25%	Enteral formula, nutritionally complete, for special metabolic needs,

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Code	Rate	Description
		excludes inherited disease or metabolism, includes altered composition of proteins, fats, carbohydrates, vitamins and/or minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit (orally administered, 1 can = 1 unit)
B4155BA	0.95	Enteral formula, nutritionally incomplete/modular nutrients, includes specific nutrients, carbohydrates (e.g., glucose polymers), proteins/amino acids (e.g., glutamine, arginine), fat (e.g., medium chain tryglycerides) or combination, administered through an enteral feeding tube, 100 calories = 1 unit (item furnished in conjunction with PEN services)
B4155BO	AAC+25%	Enteral formula, nutritionally incomplete/modular nutrients, includes specific nutrients, carbohydrates (e.g., glucose polymers), proteins/amino acids (e.g., glutamine, arginine), fat (e.g., medium chain tryglycerides) or combination, administered through an enteral feeding tube, 100 calories = 1 unit (orally administered, 1 can = 1 unit)
B4157BA	AAC+25%	Enteral formula, nutritionally complete for special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit (item furnished in conjunction with PEN services)
B4157BO	AAC+25%	Enteral formula, nutritionally complete for special metabolic neds for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit (orally administered, 1 can = 1 unit)
B4158BA	AAC+25%	Enteral formula, for pediatrics, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit (item furnished in conjunction with PEN services)
B4158BO	AAC+25%	Enteral formula, for pediatrics, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit (orally administered, 1 can = 1 unit)
B4159BA	AAC+25%	Enteral formula for pediatrics, nutritionally complete soy based with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit
B4159BO	AAC+25%	Enteral formula for pediatrics, nutritionally complete soy based with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit (orally administered, 1 can = 1 unit)
B4160BA	AAC+25%	Enteral formula, for pediatrics, nutritionally complete calorically dense (equal to or greater than 0.7 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minterals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit (item furnished in conjunction with PEN services)
B4160BO	AAC+25%	Enteral formula, for pediatrics, nutritionally complete calorically

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Code	Rate	Description
		dense (equal to or greater than 0.7 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit (orally administered, 1 can = 1 unit)
B4161BA	AAC+25%	Enter formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit (item furnished in conjunction with PEN services)
B4161BO	AAC+25%	Enter formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit (orally administered, 1 can = 1 unit)
B4162BA	AAC+25%	Enteral formula, for pediatrics, special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit (item furnished in conjunction with PEN services)
B4162BO	AAC+25%	Enteral formula, for pediatrics, special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit (orally administered, 1 can = 1 unit)
<u>Parenteral Nutrition Solutions and Supplies</u>		
B4164	16.48	Parenteral nutrition solution: carbohydrates (dextrose), 50% or less (500 ml = 1 –nit) - homemix
B4168	24.01	Parenteral nutrition solution; amino acid, 3.5%, (500 ml = 1 –nit) - homemix
B4172	AAC+25%	Parenteral nutrition solution; amino acid, 5.5% through 7%, (500 ml = 1 –nit) - homemix
B4176	46.46	Parenteral nutrition solution; amino acid, 7% through 8.5%, (500 ml = 1 –nit) - homemix
B4178	55.78	Parenteral nutrition solution: amino acid, greater than 8.5% (500 ml = 1 –nit) - homemix
B4180	23.63	Parenteral nutrition solution; carbohydrates (dextrose), greater than 50% (500 ml=1 –nit) - homemix
B4185	10.89	Parenteral nutrition solution, per 10 grams lipids
B4189	172.31	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 10 to 51 grams of protein - premix
B4193	222.67	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 52 to 73 grams of protein - premix
B4197	271.08	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, 74 to 100 grams of protein - premix
B4199	309.77	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, over 100 grams of protein -

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Code	Rate	Description
		premix
B4216	7.49	Parenteral nutrition; additives (vitamins, trace elements, heparin, electrolytes) homemix per day
B4220	6.21	Parenteral nutrition supply kit; premix, per day
B4222	7.66	Parenteral nutrition supply kit; home mix, per day
B4224	19.40	Parenteral nutrition administration kit, per day
B5000	11.52	Parenteral nutrition solution: compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, renal - amirosyn rf, nephramine, renamine - premix
B5100	4.51	Parenteral nutrition solution: compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, hepatic - freamine hbc, hepatamine - premix
B5200	AAC+25%	Parenteral nutrition solution: compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, stress - branch chain amino acids - premix
<u>Enteral and Parenteral Pumps</u>		
B9000NU	981.01	Enteral nutrition infusion pump - without alarm (new equipment)
B9000RR	90.14	Enteral nutrition infusion pump - without alarm (rental)
B9000UE	735.75	Enteral nutrition infusion pump - without alarm (used durable medical equipment)
B9002NU	981.01	Enteral nutrition infusion pump - with alarm (new equipment)
B9002RR	95.02	Enteral nutrition infusion pump - with alarm (rental)
B9002UE	735.75	Enteral nutrition infusion pump - with alarm (used durable medical equipment)
B9004NU	1,956.83	Parenteral nutrition infusion pump, portable (new equipment)
B9004RR	309.78	Parenteral nutrition infusion pump, portable (rental)
B9004UE	1,467.62	Parenteral nutrition infusion pump, portable (used durable medical equipment)
B9006NU	1,956.83	Parenteral nutrition infusion pump, stationary (new equipment)
B9006RR	309.78	Parenteral nutrition infusion pump, stationary (rental)
B9006UE	1,467.62	Parenteral nutrition infusion pump, stationary (used durable medical equipment)
B9998	AAC+20%	NOC for enteral supplies
B9999	AAC+20%	NOC for parenteral supplies

Durable Medical Equipment E0100-E9999**Canes**

E0100NU	16.23	Cane, includes canes of all materials, adjustable or fixed, with tip (new equipment)
E0100RR	4.25	Cane, includes canes of all materials, adjustable or fixed, with tip (rental)
E0100UE	12.16	Cane, includes canes of all materials, adjustable or fixed, with tip (used durable medical equipment)
E0105NU	38.77	Cane, quad or three prong, includes canes of all materials, adjustable or fixed, with tips (new equipment)
E0105RR	6.02	Cane, quad or three prong, includes canes of all materials, adjustable or fixed, with tips (rental)
E0105UE	29.08	Cane, quad or three prong, includes canes of all materials, adjustable or fixed, with tips (used durable medical equipment)

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Code	Rate	Description
E0105UD	AAC+30%	Cane, quad or three-prong, includes canes of all materials, adjustable or fixed, with tips (bariatric equipment)
<u>Crutches</u>		
E0110NU	62.07	Crutches, forearm, includes crutches of various materials, adjustable or fixed, pair, complete with tips and handgrips (new equipment)
E0110RR	12.79	Crutches, forearm, includes crutches of various materials, adjustable or fixed, pair, complete with tips and handgrips (rental)
E0110UE	46.54	Crutches, forearm, includes crutches of various materials, adjustable or fixed, pair, complete with tips and handgrips (used durable medical equipment)
E0110UD	AAC+30%	Crutches, forearm, includes crutches of various materials, adjustable or fixed, pair, complete with tips and handgrips (bariatric equipment)
E0111NU	42.61	Crutch forearm, includes crutches of various materials, adjustable or fixed, each, with tip and handgrips (new equipment)
E0111RR	6.74	Crutch forearm, includes crutches of various materials, adjustable or fixed, each, with tip and handgrips (rental)
E0111UE	32.88	Crutch forearm, includes crutches of various materials, adjustable or fixed, each, with tip and handgrips (used durable medical equipment)
E0111UD	AAC+30%	Crutch forearm, includes crutches of various materials, adjustable or fixed, each, with tip and handgrips (bariatric equipment)
E0112NU	25.16	Crutches underarm, wood, adjustable or fixed, pair, with pads, tips and handgrips (new equipment)
E0112RR	6.75	Crutches underarm, wood, adjustable or fixed, pair, with pads, tips and handgrips (rental)
E0112UE	19.20	Crutches underarm, wood, adjustable or fixed, pair, with pads, tips and handgrips (used durable medical equipment)
E0112UD	AAC+30%	Crutches underarm, wood, adjustable or fixed, pair, with pads, tips and handgrips (bariatric equipment)
E0113NU	16.90	Crutch underarm, wood, adjustable or fixed, each, with pad, tip and handgrip (new equipment)
E0113RR	4.12	Crutch underarm, wood, adjustable or fixed, each, with pad, tip and handgrip (rental)
E0113UE	12.69	Crutch underarm, wood, adjustable or fixed, each, with pad, tip and handgrip (used durable medical equipment)
E0113UD	AAC+30%	Crutch underarm, wood, adjustable or fixed, each, with pad, tip and handgrip (bariatric equipment)
E0114NU	32.09	Crutches underarm, other than wood, adjustable or fixed, pair, with pads, tips and handgrips (new equipment)
E0114RR	5.82	Crutches underarm, other than wood, adjustable or fixed, pair, with pads, tips and handgrips (rental)
E0114UE	24.26	Crutches underarm, other than wood, adjustable or fixed, pair, with pads, tips and handgrips (used durable medical equipment)
E0114UD	AAC+30%	Crutches underarm, other than wood, adjustable or fixed, pair, with pads, tips and handgrips (bariatric equipment)
E0116NU	22.19	Crutch underarm, other than wood, adjustable or fixed, with pad, tip, handgrip, with or without shock absorber, each (new equipment)
E0116RR	3.67	Crutch underarm, other than wood, adjustable or fixed, with pad, tip, handgrip, with or without shock absorber, each (rental)
E0116UE	16.70	Crutch underarm, other than wood, adjustable or fixed, with pad, tip, handgrip, with or without shock absorber, each (used durable medical equipment)

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Code	Rate	Description
E0116UD	AAC+30%	Crutch underarm, other than wood, adjustable or fixed, each, with pad, tip and handgrip (bariatric equipment)
E0117NU	154.17	Crutch, underarm, articulating, spring assisted, each (new equipment)
E0117RR	15.41	Crutch, underarm, articulating, spring assisted, each (rental)
E0117UE	115.64	Crutch, underarm, articulating, spring assisted, each (used durable medical equipment)
E0117UD	AAC+30%	Crutch, underarm, articulating, spring assisted, each (bariatric equipment)
E0118NU	AAC+30%	Crutch substitute, lower leg platform, with or without wheels, each (new equipment)
E0118RR	I.C.	Crutch substitute, lower leg platform, with or without wheels, each (rental)
E0118UE	I.C.	Crutch substitute, lower leg platform, with or without wheels, each (used durable medical equipment)
<u>Walkers</u>		
E0130NU	51.76	Walker, rigid (pickup), adjustable or fixed height (new equipment)
E0130RR	11.44	Walker, rigid (pickup), adjustable or fixed height (rental)
E0130UE	38.82	Walker, rigid (pickup), adjustable or fixed height (used durable medical equipment)
E0130UD	AAC+30%	Walker, rigid (pickup), adjustable or fixed height (bariatric equipment)
E0135NU	67.07	Walker, folding (pickup), adjustable or fixed height (new equipment)
E0135RR	11.74	Walker, folding (pickup), adjustable or fixed height (rental)
E0135UE	51.46	Walker, folding (pickup), adjustable or fixed height (used durable medical equipment)
E0135UD	AAC+30%	Walker, folding (pickup), adjustable or fixed height (bariatric equipment)
E0140NU	288.57	Walker with trunk support, adjustable or fixed height, any type (new equipment)
E0140RR	28.86	Walker with trunk support, adjustable or fixed height, any type (rental)
E0140UE	216.43	Walker with trunk support, adjustable or fixed height, any type (used durable medical equipment)
E0140UC	AAC+30%	Walker with trunk support, adjustable or fixed height, any type (pediatric specialized rehabilitation equipment)
E0140UD	AAC+30%	Walker with trunk support, adjustable or fixed height, any type (bariatric equipment)
E0141NU	91.27	Walker, rigid, wheeled, adjustable or fixed height (new equipment)
E0141RR	15.21	Walker, rigid, wheeled, adjustable or fixed height (rental)
E0141UE	68.44	Walker, rigid, wheeled, adjustable or fixed height (used durable medical equipment)
E0141UC	AAC+30%	Walker, rigid, wheeled, adjustable or fixed height (pediatric specialized rehabilitation equipment)
E0141UD	AAC+30%	Walker, rigid, wheeled, adjustable or fixed height (bariatric equipment)
E0143NU	96.18	Walker, folding, wheeled, adjustable or fixed height (new equipment)
E0143RR	14.68	Walker, folding, wheeled, adjustable or fixed height (rental)
E0143UE	71.98	Walker, folding, wheeled, adjustable or fixed height (used durable medical equipment)

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Code	Rate	Description
E0143UC	AAC+30%	Walker, folding, wheeled, adjustable or fixed height (pediatric specialized rehabilitation equipment)
E0143UD	AAC+30%	Walker, folding, wheeled, adjustable or fixed height (bariatric equipment)
E0144NU	254.76	Walker, enclosed, four sided framed, rigid or folding, wheeled, with posterior seat (new equipment)
E0144RR	21.66	Walker enclosed, four sided framed, rigid or folding, wheeled, with posterior seat (rental)
E0144UE	162.41	Walker enclosed, four sided framed, rigid or folding, wheeled, with posterior seat (used durable medical equipment)
E0144UC	AAC+30%	Walker enclosed, four sided framed, rigid or folding, wheeled, with posterior seat (pediatric specialized rehabilitation equipment)
E0144UD	AAC+30%	Walker enclosed, four sided framed, rigid or folding, wheeled, with posterior seat (bariatric equipment)
E0147NU	459.85	Walker, heavy duty, multiple breaking system, variable wheel resistance (new equipment)
E0147RR	45.98	Walker, heavy duty, multiple breaking system, variable wheel resistance walker (rental)
E0147UE	344.90	Walker, heavy duty, multiple breaking system, variable wheel resistance walker (used durable medical equipment)
E0147UD	AAC+30%	Walker, heavy duty, multiple breaking system, variable wheel resistance walker (bariatric equipment)
E0148NU	101.64	Walker, heavy duty, without wheels, rigid or folding, any type, each (new equipment)
E0148RR	10.18	Walker, heavy duty, without wheels, rigid or folding, any type, each (rental)
E0148UE	76.22	Walker, heavy duty, without wheels, rigid or folding, any type, each (used durable medical equipment)
E0148UD	AAC+30%	Walker, heavy duty, without wheels, rigid or folding, any type, each (bariatric equipment)
E0149NU	178.56	Walker, heavy duty, wheeled, rigid or folding, any type (new equipment)
E0149RR	17.86	Walker, heavy duty, wheeled, rigid or folding, any type (rental)
E0149UE	133.91	Walker, heavy duty, wheeled, rigid or folding, any type (used durable medical equipment)
E0149UD	AAC+30%	Walker, heavy duty, wheeled, rigid or folding, any type (bariatric equipment)
E0153NU	47.18	Platform attachment, forearm crutch, each (new equipment)
E0153RR	5.33	Platform attachment, forearm crutch, each (rental)
E0153UE	35.38	Platform attachment, forearm crutch, each (used durable medical equipment)
E0153UC	AAC+30%	Platform attachment, forearm crutch, each (pediatric specialized rehabilitation equipment)
E0153UD	AAC+30%	Platform attachment, forearm crutch, each
E0154NU	52.32	Platform attachment, walker, each (new equipment)
E0154RR	5.82	Platform attachment, walker, each (rental)
E0154UE	39.25	Platform attachment, walker, each (used durable medical equipment)
E0154UC	AAC+30%	Platform attachment, walker, each (pediatric specialized rehabilitation equipment)
E0154UD	AAC+30%	Platform attachment, walker, each (bariatric equipment)

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Code	Rate	Description
E0155NU	25.25	Wheel attachment, rigid pick-up walker, per pair (new equipment)
E0155RR	3.08	Wheel attachment, rigid pick-up walker, per pair (rental)
E0155UE	19.24	Wheel attachment, rigid pick-up walker, per pair (used durable medical equipment)
E0155UD	AAC+30%	Wheel attachment, rigid pick-up walker, per pair (bariatric equipment)
<u>Attachments</u>		
E0156NU	21.14	Seat attachment, walker (new equipment)
E0156RR	2.70	Seat attachment, walker (rental)
E0156UE	15.88	Seat attachment, walker (used durable medical equipment)
E0156UD	AAC+30%	Seat attachment, walker (bariatric equipment)
E0157NU	65.54	Crutch attachment, walker, each (new equipment)
E0157RR	7.19	Crutch attachment, walker, each (rental)
E0157UE	49.16	Crutch attachment, walker, each (used durable medical equipment)
E0158NU	25.74	Leg extensions for walker, per set of four (4) (new equipment)
E0158RR	2.84	Leg extensions for walker, per set of four (4) (rental)
E0158UE	19.30	Leg extensions for walker, per set of four (4) (used durable medical equipment)
E0158UD	AAC+30%	Leg extensions for walker, per set of four (4) (bariatric equipment)
E0159NU	14.25	Brake attachment for wheeled walker, replacement, each (new equipment)
E0159RR	1.44	Brake attachment for wheeled walker, replacement, each (rental)
E0159UE	10.70	Brake attachment for wheeled walker, replacement, each (used durable medical equipment)
E0159UD	AAC+30%	Brake attachment for wheeled walker, replacement, each (bariatric equipment)
<u>Commodes</u>		
E0160NU	26.45	Sitz type bath or equipment, portable, used with or without commode (new equipment)
E0160RR	3.17	Sitz type bath or equipment, portable, used with or without commode (rental)
E0160UE	19.82	Sitz type bath or equipment, portable, used with or without commode (used durable medical equipment)
E0161NU	17.84	Sitz type bath or equipment, portable, used with or without commode, with faucet attachment/s (new equipment)
E0161RR	2.86	Sitz type bath or equipment, portable, used with or without commode, with faucet attachment/s (rental)
E0161UE	13.35	Sitz type bath or equipment, portable, used with or without commode, with faucet attachment/s (used durable medical equipment)
E0162NU	116.56	Sitz bath chair (new equipment)
E0162RR	12.23	Sitz bath chair (rental)
E0162UE	90.40	Sitz bath chair (used durable medical equipment)
E0163NU	81.80	Commode chair, mobile or stationary, with fixed arms (new equipment)
E0163RR	16.62	Commode chair, mobile or stationary, with fixed arms (rental)
E0163UE	61.34	Commode chair, mobile or stationary, with fixed arms (used durable medical equipment)
E0163UD	AAC+30%	Commode chair, mobile or stationary, with fixed arms (bariatric equipment)
E0165KH, KI	12.63	Commode chair, mobile or stationary, with detachable arms (capped

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Code	Rate	Description
		rental)
E0165KJ	9.47	Commode chair, mobile or stationary, with detachable arms (capped rental)
E0165NU	132.64	Commode chair, mobile or stationary, with detachable arms (new equipment purchase)
E0165UE	99.48	Commode chair, mobile or stationary, with detachable arms (used durable medical equipment purchase)
E0165UD	AAC+30%	Commode chair, mobile or stationary, with detachable arms (bariatric equipment)
E0167NU	9.60	Pail or pan for use with commode chair, replacement only (new equipment)
E0167RR	0.86	Pail or pan for use with commode chair, replacement only (rental)
E0167UE	7.23	Pail or pan for use with commode chair, replacement only (used durable medical equipment)
E0167UD	AAC+30%	Pail or pan for use with commode chair, replacement only (bariatric equipment)
E0168NU	120.74	Commode chair, extra wide and/or heavy duty, stationary or mobile, with or without arms, any type, each (new equipment)
E0168RR	12.14	Commode chair, extra wide and/or heavy duty, stationary or mobile, with or without arms, any type, each (rental)
E0168UE	90.54	Commode chair, extra wide and/or heavy duty, stationary or mobile, with or without arms, any type, each (used durable medical equipment)
E0170KH, KI	128.58	Commode chair with integrated seat lift mechanism, electric, any type (capped rental)
E0170KJ	96.43	Commode chair with integrated seat lift mechanism, electric, any type (capped rental)
E0170NU	1,350.05	Commode chair with integrated seat lift mechanism, electric, any type (new equipment purchase)
E0170UE	1,012.54	Commode chair with integrated seat lift mechanism, electric, any type
E0170UD	AAC+30%	Commode chair with integrated seat lift mechanism, electric, any type (bariatric equipment)
E0171KH, KI	23.14	Commode chair with integrated seat lift mechanism, non-electric, any type (capped rental)
E0171KJ	17.35	Commode chair with integrated seat lift mechanism, non-electric, any type (capped rental)
E0171NU	242.93	Commode chair with integrated seat lift mechanism, non-electric, any type (new equipment purchase)
E0171UE	182.20	Commode chair with integrated seat lift mechanism, non-electric, any type (used durable medical equipment)
E0171UD	AAC+30%	Commode chair with integrated seat lift mechanism, non-electric, any type (bariatric equipment)
E0172	AAC+30%	Seat lift mechanism placed over or on top of toilet, any type
E0175NU	51.98	Foot rest, for use with commode chair, each (new equipment)
E0175RR	5.21	Foot rest, for use with commode chair, each (rental)
E0175UE	38.99	Foot rest, for use with commode chair, each (used durable medical equipment)
<u>Decubitis Care Equipment</u>		
E0181KH, KI	19.26	Powered pressure reducing mattress overlay/pad, alternating with pump, includes heavy duty (capped rental)

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Code	Rate	Description
E0181KJ	14.45	Powered pressure reducing mattress overlay/pad, alternating with pump, includes heavy duty (capped rental)
E0181NU	202.27	Powered pressure reducing mattress overlay/pad, alternating with pump, includes heavy duty (new equipment purchase)
E0181UE	151.70	Powered pressure reducing mattress overlay/pad, alternating with pump, includes heavy duty (used durable medical equipment purchase)
E0182KH, KI	17.80	Pump for alternating pressure pad, for replacement only (capped rental)
E0182KJ	13.35	Pump for alternating pressure pad, for replacement only (capped rental)
E0182NU	186.90	Pump for alternating pressure pad, for replacement only (new equipment purchase)
E0182UE	140.18	Pump for alternating pressure pad, for replacement only (used durable medical equipment purchase)
E0184NU	155.76	Dry pressure mattress (new equipment)
E0184RR	19.02	Dry pressure mattress (rental)
E0184UE	119.46	Dry pressure mattress (used durable medical equipment)
E0185NU	255.89	Gel or gel-like pressure pad for mattress, standard mattress length and width
E0185RR	35.95	Gel or gel-like pressure pad for mattress, standard mattress length and width
E0185UE	196.38	Gel or gel-like pressure pad for mattress, standard mattress length and width
E0186KH, KI	13.81	Air pressure mattress (capped rental)
E0186KJ	10.36	Air pressure mattress (capped rental)
E0186NU	144.98	Air pressure mattress (new equipment purchase)
E0186UE	108.74	Air pressure mattress (used durable medical equipment)
E0187KH, KI	15.78	Water pressure mattress (capped rental)
E0187KJ	11.84	Water pressure mattress (capped rental)
E0187NU	165.73	Water pressure mattress (new equipment purchase)
E0187UE	124.30	Water pressure mattress (used durable medical equipment purchase)
E0188NU	17.98	Synthetic sheepskin pad (new equipment)
E0188RR	2.11	Synthetic sheepskin pad (rental)
E0188UE	13.50	Synthetic sheepskin pad (used durable medical equipment)
E0189NU	41.57	Lambswool sheepskin pad, any size (new equipment)
E0189RR	4.25	Lambswool sheepskin pad, any size (rental)
E0189UE	31.18	Lambswool sheepskin pad, any size (used durable medical equipment)
E0190NU	AAC+30%	Positioning cushion/pillow/wedge, any shape or size, includes all components and accessories (new equipment)
E0190RR	I.C.	Positioning cushion/pillow/wedge, any shape or size includes all components and accessories (rental)
E0190UE	I.C.	Positioning cushion/pillow/wedge, any shape or size includes all components and accessories (used durable medical equipment)
E0191NU	7.99	Heel or elbow protector, each (new equipment)
E0191RR	0.82	Heel or elbow protector, each (rental)
E0191UE	5.97	Heel or elbow protector, each (used durable medical equipment)
E0193KH, KI	722.77	Powered air flotation bed (low air loss therapy) (capped rental)
E0193KJ	542.08	Powered air flotation bed (low air loss therapy) (capped rental)

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Code	Rate	Description
E0194KH, KI	2,603.47	Air fluidized bed (capped rental)
E0194KJ	1,952.60	Air fluidized bed (capped rental)
E0196KH, KI	22.10	Gel pressure mattress (capped rental)
E0196KJ	16.57	Gel pressure mattress (capped rental)
E0196NU	232.01	Gel pressure mattress (new equipment purchase)
E0196UE	174.01	Gel pressure mattress (used durable medical equipment purchase)
E0197NU	150.67	Air pressure pad for mattress, standard mattress length and width (new equipment)
E0197RR	20.78	Air pressure pad for mattress, standard mattress length and width (rental)
E0197UE	132.35	Air pressure pad for mattress, standard mattress length and width (used durable medical equipment)
E0198NU	150.67	Water pressure pad for mattress, standard mattress length and width
E0198RR	15.61	Water pressure pad for mattress, standard mattress length and width
E0198UE	114.34	Water pressure pad for mattress, standard mattress length and width
E0199NU	22.64	Dry pressure pad for mattress, standard mattress length and width
E0199RR	2.26	Dry pressure pad for mattress, standard mattress length and width
E0199UE	16.97	Dry pressure pad for mattress, standard mattress length and width
<u>Heat/Cold Application</u>		
E0200NU	53.91	Heat lamp, without stand (table model), includes bulb, or infrared element
E0200RR	7.32	Heat lamp, without stand (table model), includes bulb, or infrared element
E0200UE	40.46	Heat lamp, without stand (table model), includes bulb, or infrared element
E0202RR	125.00	Phototherapy (bilirubin) light with photometer (per episode)
E0203	AAC+30%	Therapeutic lightbox, minimum 10,000 lux, table top model
E0205NU	131.96	Heat lamp, with stand, includes bulb, or infrared element (new equipment)
E0205RR	14.51	Heat lamp, with stand, includes bulb, or infrared element (rental)
E0205UE	98.97	Heat lamp, with stand, includes bulb, or infrared element (used durable medical equipment)
E0210NU	26.11	Electric heat pad, standard (new equipment)
E0210RR	2.13	Electric heat pad, standard (rental)
E0210UE	19.58	Electric heat pad, standard (used durable medical equipment)
E0215NU	48.17	Electric heat pad, moist (new equipment)
E0215RR	5.04	Electric heat pad, moist (rental)
E0215UE	36.14	Electric heat pad, moist (used durable medical equipment)
E0217NU	397.18	Water circulating heat pad with pump (new equipment)
E0217RR	44.22	Water circulating heat pad with pump (rental)
E0217UE	297.86	Water circulating heat pad with pump (used durable medical equipment)
E0218	AAC+30%	Water circulating cold pad with pump
E0220NU	5.76	Hot water bottle (new equipment)
E0220RR	0.61	Hot water bottle (rental)
E0220UE	4.30	Hot water bottle (used durable medical equipment)
E0221	1,690.77	Infrared heating pad system
E0225	264.28	Hydrocollator unit, includes pads
E0230NU	5.77	Ice cap or collar (new equipment)
E0230RR	0.65	Ice cap or collar (rental)
E0230UE	4.31	Ice cap or collar (used durable medical equipment)

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Code	Rate	Description
E0231	AAC+30%	Non-contact wound warming device (temperature control unit, AC adapter and power cord) for use with warming card and wound cover
E0232	AAC+30%	Warming card for use with the non contact wound warming device and non contact wound warming wound cover
E0235KH, KI	12.61	Paraffin bath unit, portable (see medical supply code A4265 for paraffin) (capped rental)
E0235KJ	9.46	Paraffin bath unit, portable (see medical supply code A4265 for paraffin) (capped rental)
E0235NU	132.38	Paraffin bath unit, portable (see medical supply code A4265 for paraffin) (new equipment purchase)
E0235UE	99.29	Paraffin bath unit, portable (see medical supply code A4265 for paraffin) (used durable medical equipment)
E0236KH, KI	35.40	Pump for water circulating pad (capped rental)
E0236KJ	26.55	Pump for water circulating pad (capped rental)
E0236NU	371.73	Pump for water circulating pad (new equipment purchase)
E0236UE	278.80	Pump for water circulating pad (used durable medical equipment purchase)
E0238NU	18.38	Non-electric heat pad, moist (new equipment)
E0238RR	2.09	Non-electric heat pad, moist (rental)
E0238UE	13.52	Non-electric heat pad, moist (used durable medical equipment)
E0239NU	359.86	Hydrocollator unit, portable (capped rental)
E0239RR	35.99	Hydrocollator unit, portable (capped rental)
E0239UE	269.91	Hydrocollator unit, portable (used durable medical equipment)
<u>Bath and Toilet Aids</u>		
E0240NU	AAC+30%	Bath/shower chair, with or without wheels, any size (new equipment)
E0240RR	I.C.	Bath/shower chair, with or without wheels, any size (rental)
E0240UE	I.C.	Bath/shower chair, with or without wheels, any size (used durable medical equipment)
E0241	32.36	Bath tub wall rail, each
E0242	69.79	Bath tub rail, floor base
E0243	38.14	Toilet rail, each
E0244	60.76	Raised toilet seat
E0244UD	AAC+30%	Raised toilet seat (bariatric equipment)
E0245	42.37	Tub stool or bench
E0245UD	AAC+30%	Tub stool or bench (bariatric equipment)
E0246	99.65	Transfer tub rail attachment
E0247NU	AAC+30%	Transfer bench, for tub or toilet with or without commode opening (new equipment)
E0247RR	I.C.	Transfer bench, for tub or toilet with or without commode opening (rental)
E0247UE	I.C.	Transfer bench, for tub or toilet with or without commode opening (used durable medical equipment)
E0248NU	AAC+30%	Transfer bench, heavy duty, for tub or toilet with or without commode opening (new equipment)
E0248RR	I.C.	Transfer bench, heavy duty, for tub or toilet with or without commode opening (rental)
E0248UE	I.C.	Transfer bench, heavy duty, for tub or toilet with or without commode opening (used durable medical equipment)
E0249NU	79.68	Pad for water circulating heat unit (new equipment)
E0249RR	8.76	Pad for water circulating heat unit (rental)
E0249UE	59.76	Pad for water circulating heat unit (used durable medical equipment)

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Code	Rate	Description
<u>Hospital Beds and Accessories</u>		
E0250KH, KI	78.21	Hospital bed, fixed height, with any type side rails, with mattress (capped rental)
E0250KJ	58.66	Hospital bed, fixed height, with any type side rails, with mattress (capped rental)
E0250NU	821.18	Hospital bed, fixed height, with any type side rails, with mattress (new equipment purchase)
E0250UE	615.89	Hospital bed, fixed height, with any type side rails, with mattress (used durable medical equipment purchase)
E0251KH, KI	59.26	Hospital bed, fixed height, with any type side rails, without mattress (capped rental)
E0251KJ	44.45	Hospital bed, fixed height, with any type side rails, without mattress (capped rental)
E0251NU	622.27	Hospital bed, fixed height, with any type side rails, without mattress (new equipment purchase)
E0251UE	466.70	Hospital bed, fixed height, with any type side rails, without mattress (used durable medical equipment purchase)
E0255KH, KI	93.98	Hospital bed, variable height, hi-lo, with any type side rails, with mattress (capped rental)
E0255KJ	70.49	Hospital bed, variable height, hi-lo, with any type side rails, with mattress (capped rental)
E0255NU	986.83	Hospital bed, variable height, hi-lo, with any type side rails, with mattress (new equipment purchase)
E0255UE	740.12	Hospital bed, variable height, hi-lo, with any type side rails, with mattress (used durable medical equipment purchase)
E0255RP	AAC+30%	Hospital bed, variable height, hi-lo, with any type side rails, with mattress (replacement because of wear and tear, damage, or loss)
E0256KH, KI	66.68	Hospital bed, variable height, hi-lo, with any type side rails, without mattress (capped rental)
E0256KJ	50.01	Hospital bed, variable height, hi-lo, with any type side rails, without mattress (capped rental)
E0256NU	700.14	Hospital bed, variable height, hi-lo, with any type side rails, without mattress (new equipment purchase)
E0256UE	525.11	Hospital bed, variable height, hi-lo, with any type side rails, without mattress (used durable medical equipment purchase)
E0256RP	AAC+30%	Hospital bed, variable height, hi-lo, with any type side rails, without mattress (replacement because of wear and tear, damage, or loss)
E0260KH, KI	112.37	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress (capped rental)
E0260KJ	84.28	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress (capped rental)
E0260NU	1,179.86	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress (new equipment purchase)
E0260UE	884.90	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress (used durable medical equipment purchase)
E0260RP	AAC+30%	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress (replacement because of wear and tear, damage, or loss)
E0261KH, KI	109.55	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress (capped rental)
E0261KJ	82.16	Hospital bed, semi-electric (head and foot adjustment), with any type

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Code	Rate	Description
		side rails, without mattress (capped rental)
E0261NU	1,150.30	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress (new equipment purchase)
E0261UE	862.72	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress (used durable medical equipment purchase)
E0261RP	AAC+30%	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress (replacement because of wear and tear, damage, or loss)
E0265KH, KI	159.90	Hospital bed, total electric (head, foot and height adjustments), with any type side rails, with mattress (capped rental)
E0265KJ	119.93	Hospital bed, total electric (head, foot and height adjustments), with any type side rails, with mattress (capped rental)
E0265NU	1,678.99	Hospital bed, total electric (head, foot and height adjustments), with any type side rails, with mattress (new equipment purchase)
E0265UE	1,259.24	Hospital bed, total electric (head, foot and height adjustments), with any type side rails, with mattress (used durable medical equipment purchase)
E0265RP	AAC+30%	Hospital bed, total electric (head, foot and height adjustments), with any type side rails, with mattress (replacement because of wear and tear, damage, or loss)
E0266KH, KI	142.07	Hospital bed, total electric (head, foot and height adjustments), with any type side rails, without mattress (capped rental)
E0266KJ	106.55	Hospital bed, total electric (head, foot and height adjustments), with any type side rails, without mattress (capped rental)
E0266NU	1,491.76	Hospital bed, total electric (head, foot and height adjustments), with any type side rails, without mattress (new equipment purchase)
E0266UE	1,118.82	Hospital bed, total electric (head, foot and height adjustments), with any type side rails, without mattress (used durable medical equipment)
E0266RP	AAC+30%	Hospital bed, total electric (head, foot and height adjustments), with any type side rails, without mattress (replacement because of wear and tear, damage, or loss)
E0270	AAC+30%	Hospital bed, institutional type includes: oscillating, circulating and stryker frame, with mattress
E0271NU	177.63	Mattress, innerspring (new equipment)
E0271RR	18.45	Mattress, innerspring (rental)
E0271UE	138.77	Mattress, innerspring (used durable medical equipment)
E0272NU	161.90	Mattress, foam rubber (new equipment)
E0272RR	16.90	Mattress, foam rubber (rental)
E0272UE	120.84	Mattress, foam rubber (used durable medical equipment)
E0273	44.73	Bed board
E0274NU	60.99	Over-bed table (new equipment)
E0274RR	6.10	Over-bed table (rental)
E0274UE	45.74	Over-bed table (used durable medical equipment)
E0275NU	11.66	Bed pan, standard, metal or plastic (new equipment)
E0275RR	1.17	Bed pan, standard, metal or plastic (rental)
E0275UE	8.75	Bed pan, standard, metal or plastic (used durable medical equipment)
E0276NU	9.05	Bed pan, fracture, metal or plastic (new equipment)
E0276RR	1.21	Bed pan, fracture, metal or plastic (rental)

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Code	Rate	Description
E0276UE	7.15	Bed pan, fracture, metal or plastic (used durable medical equipment)
E0277KH, KI	562.78	Powered pressure-reducing air mattress (capped rental)
E0277KJ	422.08	Powered pressure-reducing air mattress (capped rental)
E0277NU	5,909.15	Powered pressure-reducing air mattress (new equipment purchase)
E0277UE	4,431.86	Powered pressure-reducing air mattress (used durable medical equipment purchase)
E0280NU	29.26	Bed cradle, any type (new equipment)
E0280RR	2.92	Bed cradle, any type (rental)
E0280UE	21.94	Bed cradle, any type (used durable medical equipment)
E0290KH, KI	59.79	Hospital bed, fixed height, without side rails, with mattress (capped rental)
E0290KJ	44.84	Hospital bed, fixed height, without side rails, with mattress (capped rental)
E0290NU	627.82	Hospital bed, fixed height, without side rails, with mattress (new equipment purchase)
E0290UE	470.87	Hospital bed, fixed height, without side rails, with mattress (used durable medical equipment purchase)
E0290RP	AAC+30%	Hospital bed, fixed height, without side rails, with mattress (replacement because of wear and tear, damage, or loss)
E0291KH, KI	43.44	Hospital bed, fixed height, without side rails, without mattress (capped rental)
E0291KJ	32.58	Hospital bed, fixed height, without side rails, without mattress (capped rental)
E0291NU	456.12	Hospital bed, fixed height, without side rails, without mattress (new equipment purchase)
E0291UE	342.09	Hospital bed, fixed height, without side rails, without mattress (used durable medical equipment purchase)
E0291RP	AAC+30%	Hospital bed, fixed height, without side rails, without mattress (replacement because of wear and tear, damage, or loss)
E0292KH, KI	67.23	Hospital bed, variable height, hi-lo, without side rails, with mattress (capped rental)
E0292KJ	50.42	Hospital bed, variable height, hi-lo, without side rails, with mattress (capped rental)
E0292NU	705.94	Hospital bed, variable height, hi-lo, without side rails, with mattress (new equipment purchase)
E0292UE	529.45	Hospital bed, variable height, hi-lo, without side rails, with mattress (used durable medical equipment purchase)
E0292RP	AAC+30%	Hospital bed, variable height, hi-lo, without side rails, with mattress (replacement because of wear and tear, damage, or loss)
E0293KH, KI	57.21	Hospital bed, variable height, hi-lo, without side rails, without mattress (capped rental)
E0293KJ	42.91	Hospital bed, variable height, hi-lo, without side rails, without mattress (capped rental)
E0293NU	600.68	Hospital bed, variable height, hi-lo, without side rails, without mattress (new equipment purchase)
E0293UE	450.51	Hospital bed, variable height, hi-lo, without side rails, without mattress (used durable medical equipment purchase)
E0293RP	AAC+30%	Hospital bed, variable height, hi-lo, without side rails, without mattress (replacement because of wear and tear, damage, or loss)
E0294KH, KI	104.52	Hospital bed, semi-electric (head and foot adjustment), without side rails, with mattress (capped rental)

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Code	Rate	Description
E0294KJ	78.39	Hospital bed, semi-electric (head and foot adjustment), without side rails, with mattress (capped rental)
E0294NU	1,097.46	Hospital bed, semi-electric (head and foot adjustment), without side rails, with mattress (new equipment purchase)
E0294UE	823.10	Hospital bed, semi-electric (head and foot adjustment), without side rails, with mattress (used durable medical equipment purchase)
E0294RP	AAC+30%	Hospital bed, semi-electric (head and foot adjustment), without side rails, with mattress (replacement because of wear and tear, damage, or loss)
E0295KH, KI	101.88	Hospital bed, semi-electric (head and foot adjustment), without side rails, without mattress (capped rental)
E0295KJ	76.41	Hospital bed, semi-electric (head and foot adjustment), without side rails, without mattress (capped rental)
E0295NU	1,069.74	Hospital bed, semi-electric (head and foot adjustment), without side rails, without mattress (new equipment purchase)
E0295UE	802.31	Hospital bed, semi-electric (head and foot adjustment), without side rails, without mattress (used durable medical equipment purchase)
E0295RP	AAC+30%	Hospital bed, semi-electric (head and foot adjustment), without side rails, without mattress (replacement because of wear and tear, damage, or loss)
E0296KH, KI	131.36	Hospital bed, total electric (head, foot and height adjustments), without side rails, with mattress (capped rental)
E0296KJ	98.52	Hospital bed, total electric (head, foot and height adjustments), without side rails, with mattress (capped rental)
E0296NU	1,379.28	Hospital bed, total electric (head, foot and height adjustments), without side rails, with mattress (new equipment purchase)
E0296UE	1,034.46	Hospital bed, total electric (head, foot and height adjustments), without side rails, with mattress (used durable medical equipment purchase)
E0296RP	AAC+30%	Hospital bed, total electric (head, foot and height adjustments), without side rails, with mattress (replacement because of wear and tear, damage, or loss)
E0297KH, KI	112.54	Hospital bed, total electric (head, foot and height adjustments), without side rails, without mattress (capped rental)
E0297KJ	84.40	Hospital bed, total electric (head, foot and height adjustments), without side rails, without mattress (capped rental)
E0297NU	1,181.63	Hospital bed, total electric (head, foot and height adjustments), without side rails, without mattress (new equipment purchase)
E0297UE	886.22	Hospital bed, total electric (head, foot and height adjustments), without side rails, without mattress (used durable medical equipment purchase)
E0297RP	AAC+30%	Hospital bed, total electric (head, foot and height adjustments), without side rails, without mattress (replacement because of wear and tear, damage, or loss)
E0300NU	AAC+30%	Pediatric crib, hospital grade, fully enclosed (new equipment)
E0300RR	I.C.	Pediatric crib, hospital grade, fully enclosed (rental)
E0300UE	I.C.	Pediatric crib, hospital grade, fully enclosed (used durable medical equipment)
E0300RP	AAC+30%	Pediatric crib, hospital grade, fully enclosed (replacement because of wear and tear, damage, or loss)
E0301KH, KI	216.58	Hospital bed, heavy duty, extra wide, with weight capacity greater

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Code	Rate	Description
		than 350 pounds, but less than or equal to 600 pounds, with any type side rails, without mattress (capped rental)
E0301KJ	162.43	Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, without mattress (capped rental)
E0301NU	2,274.05	Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, without mattress (new equipment purchase)
E0301UE	1,705.54	Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, without mattress (used durable medical equipment)
E0301RP	AAC+30%	Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, without mattress (replacement because of wear and tear, damage, or loss)
E0302KH, KI	572.35	Hospital bed, heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, without mattress (capped rental)
E0302KJ	429.26	Hospital bed, heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, without mattress (capped rental)
E0302NU	6,009.72	Hospital bed, heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, without mattress (new equipment purchase)
E0302UE	4,507.27	Hospital bed, heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, without mattress (used durable medical equipment)
E0302RP	AAC+30%	Hospital bed, heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, without mattress (replacement because of wear and tear, damage, or loss)
E0303KH, KI	243.18	Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, with mattress (capped rental)
E0303KJ	182.39	Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, with mattress (capped rental)
E0303NU	2,553.43	Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, with mattress (new equipment purchase)
E0303UE	1,915.07	Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, with mattress (used durable medical equipment purchase)
E0303RP	AAC+30%	Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, with mattress (replacement because of wear and tear, damage, or loss)
E0304KH, KI	616.54	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress (capped rental)
E0304KJ	462.40	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress

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Code	Rate	Description
		(capped rental)
E0304NU	6,473.63	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress (new equipment purchase)
E0304UE	4,855.22	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress (used durable medical equipment purchase) (used durable medical equipment purchase)
E0304RP	AAC+30%	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress
E0305KH, KI	14.23	Bed side rails, half length (capped rental)
E0305KJ	10.67	Bed side rails, half length (capped rental)
E0305NU	149.44	Bed side rails, half length (new equipment purchase)
E0305UE	112.08	Bed side rails, half length (used durable medical equipment purchase)
E0310NU	148.02	Bed side rails, full length (new equipment)
E0310RR	18.21	Bed side rails, full length (rental)
E0310UE	111.02	Bed side rails, full length (used durable medical equipment)
E0315NU	74.32	Bed accessory: board, table, or support device, any type (new equipment)
E0315RR	7.43	Bed accessory: board, table, or support device, any type (rental)
E0315UE	55.74	Bed accessory: board, table, or support device, any type (used durable medical equipment)
E0316KH, KI	I.C.	Safety enclosure frame/canopy for use with hospital bed, any type (capped rental)
E0316KJ	I.C.	Safety enclosure frame/canopy for use with hospital bed, any type (capped rental)
E0316NU	AAC+30%	Safety enclosure frame/canopy for use with hospital bed, any type (new equipment purchase)
E0316UE	I.C.	Safety enclosure frame/canopy for use with hospital bed, any type (used durable medical equipment purchase)
E0325NU	8.09	Urinal; male, jug-type, any material (new equipment)
E0325RR	1.21	Urinal; male, jug-type, any material (rental)
E0325UE	5.35	Urinal; male, jug-type, any material (used durable medical equipment)
E0326NU	8.40	Urinal; female, jug-type, any material (new equipment)
E0326RR	0.95	Urinal; female, jug-type, any material (rental)
E0326UE	6.30	Urinal; female, jug-type, any material (used durable medical equipment)
E0328	AAC+30%	Hospital bed, pediatric, manual, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 inches above the spring, includes mattress
E0329	AAC+30%	Hospital bed, pediatric, electric or semi-electric, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 inches above the spring, includes mattress
E0350	AAC+30%	Control unit for electronic bowel irrigation/evacuation system
E0352	AAC+20%	Disposable pack (water reservoir bag, speculum, valving mechanism and collection bag/box) for use with the electronic bowel irrigation/evacuation system
E0370	AAC+20%	Air pressure elevator for heel
E0371KH, KI	355.58	Nonpowered advanced pressure reducing overlay for mattress,

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Code	Rate	Description
		standard mattress length and width (capped rental)
E0371KJ	266.69	Nonpowered advanced pressure reducing overlay for mattress, standard mattress length and width (capped rental)
E0371NU	3,733.63	Nonpowered advanced pressure reducing overlay for mattress, standard mattress length and width (new equipment purchase)
E0371UE	2,800.22	Nonpowered advanced pressure reducing overlay for mattress, standard mattress length and width (used durable medical equipment purchase)
E0372KH, KI	431.47	Powered air overlay for mattress, standard mattress length and width (capped rental)
E0372KJ	323.60	Powered air overlay for mattress, standard mattress length and width (capped rental)
E0372NU	4,530.46	Powered air overlay for mattress, standard mattress length and width (new equipment purchase)
E0372UE	3,397.84	Powered air overlay for mattress, standard mattress length and width (used durable medical equipment purchase)
E0373KH, KI	491.58	Nonpowered advanced pressure reducing mattress (capped rental)
E0373KJ	368.68	Nonpowered advanced pressure reducing mattress (capped rental)
E0373NU	5,161.55	Nonpowered advanced pressure reducing mattress (new equipment purchase)
E0373UE	3,871.16	Nonpowered advanced pressure reducing mattress (used durable medical equipment purchase)
<u>Oxygen and Related Respiratory Equipment</u>		
E0424RR	200.41	Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing (rental)
E0425	AAC+30%	Stationary compressed gas system, purchase; includes regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing
E0430	AAC+30%	Portable gaseous oxygen system, purchase; includes regulator, flowmeter, humidifier, cannula or mask, and tubing
E0431RR	32.07	Portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing (rental)
E0434RR	32.07	Portable liquid oxygen system, rental; includes portable container, supply reservoir, humidifier, flowmeter, refill adaptor, contents gauge, cannula or mask, and tubing (rental)
E0435	AAC+30%	Portable liquid oxygen system, purchase; includes portable container, supply reservoir, flowmeter, humidifier, contents gauge, cannula or mask, tubing and refill adaptor
E0439RR	200.41	Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, & tubing (rental)
E0439QF	200.41	Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, & tubing (rental) (prescribed amount of oxygen exceeds 4 LPM and portable oxygen is prescribed)
E0439QG	200.41	Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, & tubing (rental) (prescribed amount of oxygen is greater than 4 LPM)
E0440	AAC+30%	Stationary liquid oxygen system, purchase; includes use of reservoir, contents indicator, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing

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Code	Rate	Description
E0441	130.38	Oxygen contents, gaseous (for use with owned gaseous stationary systems or when both a stationary and portable gaseous system are owned), one month's supply = 1 unit
E0442	130.38	Oxygen contents, liquid (for use with owned liquid stationary systems or when both a stationary and portable liquid system are owned), one month's supply = 1 unit
E0443RR	17.13	Portable oxygen contents, gaseous (for use only with portable gaseous systems when no stationary gas or liquid system is used), one month's supply = 1 unit (rental)
E0444RR	17.13	Portable oxygen contents, liquid (for use only with portable liquid systems when no stationary gas or liquid system is used), one month's supply = 1 unit (rental)
E0445NU	856.30	Oximeter device for measuring blood oxygen levels non-invasively (new equipment)
E0445RR	85.63	Oximeter device for measuring blood oxygen levels non-invasively (rental)
E0445UE	642.23	Oximeter device for measuring blood oxygen levels non-invasively (used durable medical equipment)
E0450RR	763.62	Volume control ventilator, without pressure support mode, may include pressure control mode, used with invasive interface (e.g., tracheostomy tube) (rental, months seven and beyond)
E0450U2	954.52	Volume control ventilator, without pressure support mode, may include pressure control mode, used with invasive interface (e.g., tracheostomy tube) (rental, first six months)
E0455	AAC+20%	Oxygen tent, excluding croup or pediatric tents
E0457NU	491.61	Chest shell (cuirass) (new equipment)
E0457RR	49.16	Chest shell (cuirass) (rental)
E0457UE	368.68	Chest shell (cuirass) (used durable medical equipment)
E0459KH, KI	40.71	Chest wrap (capped rental)
E0459KJ	30.53	Chest wrap (capped rental)
E0459NU	427.48	Chest wrap (new equipment purchase)
E0459UE	320.61	Chest wrap (used durable medical equipment purchase)
E0460RR	623.53	Negative pressure ventilator; portable or stationary (rental)
E0461RR	801.64	Volume control ventilator, without pressure support mode, may include pressure control mode, used with non-invasive interface (rental, months seven and beyond)
E0461U2	1,002.05	Volume control ventilator, without pressure support mode, may include pressure control mode, used with non-invasive interface (rental, first six months)
E0462KH, KI	198.15	Rocking bed with or without side rails (capped rental)
E0462KJ	148.61	Rocking bed with or without side rails (capped rental)
E0462NU	2,080.60	Rocking bed with or without side rails (new equipment purchase)
E0462UE	1,560.45	Rocking bed with or without side rails (used durable medical equipment purchase)
E0463RR	1,125.10	Pressure support ventilator with volume control mode, may include pressure control mode, used with invasive interface (e.g., tracheostomy tube) (rental, months seven and beyond)
E0463U2	1,406.38	Pressure support ventilator with volume control mode, may include pressure control mode, used with invasive interface (e.g., tracheostomy tube) (rental, first six months)
E0464RR	1,125.10	Pressure support ventilator with volume control mode, may include

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Code	Rate	Description
		pressure control mode, used with noninvasive interface (e.g., mask) (rental, months seven and beyond)
E0464U2	1,406.38	Pressure support ventilator with volume control mode, may include pressure control mode, used with noninvasive interface (e.g., mask) (rental, first six months)
E0470KH, KI	231.77	Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device) (capped rental) (humidifier not included)
E0470KJ	173.83	Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device) (capped rental) (humidifier not included)
E0470NU	2,433.59	Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device) (new equipment) (humidifier not included)
E0470UE	1,825.19	Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device) (used durable medical equipment purchase) (humidifier not included)
E0471KH, KI	642.17	Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device) (capped rental) (humidifier not included)
E0471KJ	481.63	Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device) (capped rental) (humidifier not included)
E0471NU	6,742.79	Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device) (new equipment purchase) (humidifier not included)
E0471UE	5,057.09	Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device) (used durable medical equipment purchase) (humidifier not included)
E0472KH, KI	642.17	Respiratory assist device, bi-level pressure capability, with backup rate feature, used with invasive interface, e.g., tracheostomy tube (intermittent assist device with continuous positive airway pressure device) (capped rental) (humidifier not included)
E0472KJ	481.63	Respiratory assist device, bi-level pressure capability, with backup rate feature, used with invasive interface, e.g., tracheostomy tube (intermittent assist device with continuous positive airway pressure device) (capped rental) (humidifier not included)
E0472NU	6,742.79	Respiratory assist device, bi-level pressure capability, with backup rate feature, used with invasive interface, e.g., tracheostomy tube (intermittent assist device with continuous positive airway pressure device) (new equipment purchase) (humidifier not included)

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Code	Rate	Description
E0472UE	5,057.09	Respiratory assist device, bi-level pressure capability, with backup rate feature, used with invasive interface, e.g., tracheostomy tube (intermittent assist device with continuous positive airway pressure device) (used durable medical equipment purchase) (humidifier not included)
E0480KH, KI	35.15	Percussor, electric or pneumatic, home model (capped rental)
E0480KJ	26.36	Percussor, electric or pneumatic, home model (capped rental)
E0480NU	369.10	Percussor, electric or pneumatic, home model (new equipment purchase)
E0480UE	276.82	Percussor, electric or pneumatic, home model (used durable medical equipment purchase)
E0481	AAC+30%	Intrapulmonary percussive ventilation system and related accessories
E0482KH, KI	430.02	Cough stimulating device, alternating positive and negative airway pressure (capped rental)
E0482KJ	322.52	Cough stimulating device, alternating positive and negative airway pressure (capped rental)
E0482NU	4,515.21	Cough stimulating device, alternating positive and negative airway pressure (new equipment purchase)
E0482UE	3,386.41	Cough stimulating device, alternating positive and negative airway pressure (used durable medical equipment purchase)
E0483KH, KI	850.50	High frequency chest wall oscillation air-pulse generator system, (includes hoses and vest), each (capped rental)
E0483KJ	637.88	High frequency chest wall oscillation air-pulse generator system, (includes hoses and vest), each (capped rental)
E0483NU	8,930.29	High frequency chest wall oscillation air-pulse generator system, (includes hoses and vest), each (new equipment purchase)
E0483UE	6,697.72	High frequency chest wall oscillation air-pulse generator system, (includes hoses and vest), each (used durable medical equipment)
E0484NU	29.54	Oscillatory positive expiratory pressure device, non-electric, any type, each (new equipment)
E0484RR	2.95	Oscillatory positive expiratory pressure device, non-electric, any type, each (rental)
E0484UE	22.16	Oscillatory positive expiratory pressure device, non-electric, any type, each (used durable medical equipment)
E0485	AAC+30%	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, prefabricated, includes fitting and adjustment
E0486	AAC+30%	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, custom fabricated, includes fitting and adjustment
<u>IPPB Machines</u>		
E0500RR	87.82	IPPB machine, all types, with built-in nebulization; manual or automatic valves; internal or external power source (rental)
<u>Humidifiers/Compressors/Nebulizers for Use with Oxygen IPPB Equipment</u>		
E0550KH, KI	34.09	Humidifier, durable for extensive supplemental humidification during IPPB treatments or oxygen delivery (capped rental)
E0550KJ	25.57	Humidifier, durable for extensive supplemental humidification during IPPB treatments or oxygen delivery (capped rental)
E0550NU	357.92	Humidifier, durable for extensive supplemental humidification during IPPB treatments or oxygen delivery (new equipment purchase)

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Code	Rate	Description
E0550UE	268.44	Humidifier, durable for extensive supplemental humidification during IPPB treatments or oxygen delivery (used durable medical equipment purchase)
E0555	AAC+30%	Humidifier, durable, glass or autoclavable plastic bottle type, for use with regulator or flowmeter
E0560NU	137.22	Humidifier, durable for supplemental humidification during ippb treatment or oxygen delivery (new equipment)
E0560RR	16.08	Humidifier, durable for supplemental humidification during ippb treatment or oxygen delivery (rental)
E0560UE	102.91	Humidifier, durable for supplemental humidification during ippb treatment or oxygen delivery (used durable medical equipment)
E0561NU	85.60	Humidifier, non-heated, used with positive airway pressure device (new equipment)
E0561RR	8.55	Humidifier, non-heated, used with positive airway pressure device (rental)
E0561UE	64.19	Humidifier, non-heated, used with positive airway pressure device (used durable medical equipment)
E0562NU	240.98	Humidifier, heated, used with positive airway pressure device (new equipment)
E0562RR	24.09	Humidifier, heated, used with positive airway pressure device (rental)
E0562UE	180.73	Humidifier, heated, used with positive airway pressure device (used durable medical equipment)
E0565KH, KI	48.81	Compressor, air power source for equipment which is not self-contained or cylinder driven (capped rental)
E0565KJ	36.61	Compressor, air power source for equipment which is not self-contained or cylinder driven (capped rental)
E0565NU	634.50	Compressor, air power source for equipment which is not self-contained or cylinder driven (new equipment purchase)
E0565UE	378.06	Compressor, air power source for equipment which is not self-contained or cylinder driven (used durable medical equipment)
E0570KH, KI	12.89	Nebulizer, with compressor (capped rental)
E0570KJ	9.67	Nebulizer, with compressor (capped rental)
E0570NU	135.32	Nebulizer, with compressor (new equipment purchase)
E0570UE	101.49	Nebulizer, with compressor (used durable medical equipment purchase)
E0571KH, KI	23.98	Aerosol compressor, battery powered, for use with small volume nebulizer (capped rental)
E0571KJ	17.98	Aerosol compressor, battery powered, for use with small volume nebulizer (capped rental)
E0571NU	251.75	Aerosol compressor, battery powered, for use with small volume nebulizer (new equipment purchase)
E0571UE	188.81	Aerosol compressor, battery powered, for use with small volume nebulizer (used durable medical equipment)
E0572KH, KI	30.47	Aerosol compressor, adjustable pressure, light duty for intermittent use (capped rental)
E0572KJ	22.85	Aerosol compressor, adjustable pressure, light duty for intermittent use (capped rental)
E0572NU	319.96	Aerosol compressor, adjustable pressure, light duty for intermittent use (new equipment purchase)
E0572UE	239.97	Aerosol compressor, adjustable pressure, light duty for intermittent use (used durable medical equipment purchase)

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Code	Rate	Description
E0574KH, KI	32.21	Ultrasonic/electronic aerosol generator with small volume nebulizer (capped rental)
E0574KJ	24.16	Ultrasonic/electronic aerosol generator with small volume nebulizer (capped rental)
E0574NU	338.18	Ultrasonic/electronic aerosol generator with small volume nebulizer (new equipment purchase)
E0574UE	253.64	Ultrasonic/electronic aerosol generator with small volume nebulizer (used durable medical equipment purchase)
E0575RR	82.22	Nebulizer, ultrasonic, large volume (rental)
E0580NU	107.23	Nebulizer, durable, glass or autoclavable plastic, bottle type, for use with regulator or flowmeter (new equipment)
E0580RR	10.72	Nebulizer, durable, glass or autoclavable plastic, bottle type, for use with regulator or flowmeter (rental)
E0580UE	80.42	Nebulizer, durable, glass or autoclavable plastic, bottle type, for use with regulator or flowmeter (used durable medical equipment)
E0585KH, KI	23.85	Nebulizer, with compressor and heater (capped rental)
E0585KJ	17.89	Nebulizer, with compressor and heater (capped rental)
E0585NU	250.40	Nebulizer, with compressor and heater (new equipment purchase)
E0585UE	187.80	Nebulizer, with compressor and heater (used durable medical equipment purchase)
<u>Suction Pump/Room Vaporizers</u>		
E0600KH, KI	36.63	Respiratory suction pump, home model, portable or stationary, electric (capped rental)
E0600KJ	27.47	Respiratory suction pump, home model, portable or stationary, electric (capped rental)
E0600NU	384.64	Respiratory suction pump, home model, portable or stationary, electric (new equipment purchase)
E0600UE	288.48	Respiratory suction pump, home model, portable or stationary, electric (used durable medical equipment)
E0601KH, KI	96.99	Continuous airway pressure (CPAP) device (capped rental) (humidifier not included)
E0601KJ	72.74	Continuous airway pressure (CPAP) device (capped rental) (humidifier not included)
E0601NU	1,018.40	Continuous airway pressure (CPAP) device (new equipment purchase) (humidifier not included)
E0601UE	763.80	Continuous airway pressure (CPAP) device (used durable medical equipment purchase) (humidifier not included)
E0602NU	23.62	Breast pump, manual, any type (new equipment)
E0602RR	2.37	Breast pump, manual, any type (rental)
E0602UE	17.71	Breast pump, manual, any type (used durable medical equipment)
E0603	213.20	Breast pump, electric (AC and/or DC), any type
E0604NU	363.94	Breast pump, heavy duty, hospital grade, piston operated, pulsatile vacuum suction/release cycles, vacuum regulator, supplies, transformer, electric (AC and / or DC) (new equipment purchase)
E0605NU	21.14	Vaporizer, room type (new equipment)
E0605RR	2.13	Vaporizer, room type (rental)
E0605UE	15.88	Vaporizer, room type (used durable medical equipment)
E0606KH, KI	18.35	Postural drainage board (capped rental)
E0606KJ	13.76	Postural drainage board (capped rental)
E0606NU	192.70	Postural drainage board (new equipment purchase)
E0606UE	144.52	Postural drainage board (used durable medical equipment purchase)

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Code	Rate	Description
<u>Monitoring Equipment</u>		
E0607NU	66.82	Home blood glucose monitor (new equipment)
E0607RR	6.68	Home blood glucose monitor (rental)
E0607UE	50.10	Home blood glucose monitor (used durable medical equipment)
<u>Pacemaker Monitor</u>		
E0610NU	161.74	Pacemaker monitor, self-contained, (checks battery depletion, includes audible and visible check systems) (new equipment)
E0610RR	17.06	Pacemaker monitor, self-contained, (checks battery depletion, includes audible and visible check systems) (rental)
E0610UE	121.33	Pacemaker monitor, self-contained, (checks battery depletion, includes audible and visible check systems) (used durable medical equipment)
E0615NU	383.06	Pacemaker monitor, self contained, checks battery depletion and other pacemaker components, includes digital/visible check systems (new equipment)
E0615RR	46.80	Pacemaker monitor, self contained, checks battery depletion and other pacemaker components, includes digital/visible check systems (rental)
E0615UE	287.30	Pacemaker monitor, self contained, checks battery depletion and other pacemaker components, includes digital/visible check systems (used durable medical equipment)
E0616	AAC+30%	Implantable cardiac event recorder with memory, activator and programmer
E0617KH, KI	243.24	External defibrillator with integrated electrocardiogram analysis (capped rental)
E0617KJ	182.43	External defibrillator with integrated electrocardiogram analysis (capped rental)
E0617NU	2,554.02	External defibrillator with integrated electrocardiogram analysis (new equipment purchase)
E0617UE	1,915.52	External defibrillator with integrated electrocardiogram analysis (used durable medical equipment purchase)
E0617KHKF, KIKF	328.70	External defibrillator with integrated electrocardiogram analysis (capped rental) (FDA class III device)
E0617KJKF,	246.53	External defibrillator with integrated electrocardiogram analysis (capped rental) (FDA class III device)
E0617NUKF	3,451.55	External defibrillator with integrated electrocardiogram analysis (new equipment purchase) (FDA class III device)
E0617UEKF	2,588.51	External defibrillator with integrated electrocardiogram analysis (used durable medical equipment purchase) (FDA class III device)
E0618KH, KI	224.28	Apnea monitor, without recording feature (capped rental)
E0618KJ	168.21	Apnea monitor, without recording feature (capped rental)
E0619KH, KI	224.28	Apnea monitor, with recording feature (capped rental)
E0619KJ	168.21	Apnea monitor, with recording feature (capped rental)
E0620NU	699.51	Skin piercing device for collection of capillary blood, laser, each (new equipment)
E0620RR	69.94	Skin piercing device for collection of capillary blood, laser, each (rental)
E0620UE	524.63	Skin piercing device for collection of capillary blood, laser, each (used durable medical equipment)
<u>Patient Lifts</u>		
E0621NU	95.99	Sling or seat, patient lift, canvas or nylon (new equipment)

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Code	Rate	Description
E0621RR	9.25	Sling or seat, patient lift, canvas or nylon (rental)
E0621UE		Sling or seat, patient lift, canvas or nylon (used durable medical equipment)
E0625NU	72.36 AAC+30%	Patient lift, bathroom or toilet, not otherwise classified (new equipment)
E0625RR	I.C.	Patient lift, bathroom or toilet, not otherwise classified (rental)
E0625UE	I.C.	Patient lift, bathroom or toilet, not otherwise classified (used durable medical equipment)
E0627NU	269.86	Seat lift mechanism incorporated into a combination lift-chair mechanism (new equipment)
E0627RR	26.99	Seat lift mechanism incorporated into a combination lift-chair mechanism (rental)
E0627UE	202.40	Seat lift mechanism incorporated into a combination lift-chair mechanism (used durable medical equipment)
E0628NU	269.86	Separate seat lift mechanism for use with patient owned furniture-electric (new equipment)
E0628RR	26.99	Separate seat lift mechanism for use with patient owned furniture-electric (rental)
E0628UE	202.40	Separate seat lift mechanism for use with patient owned furniture-electric (used durable medical equipment)
E0629NU	264.57	Separate seat lift mechanism for use with patient owned furniture-non-electric (new equipment)
E0629RR	26.46	Separate seat lift mechanism for use with patient owned furniture-non-electric (rental)
E0629UE	198.41	Separate seat lift mechanism for use with patient owned furniture-non-electric (used durable medical equipment)
E0630KH, KI	81.51	Patient lift, hydraulic or mechanical, includes any seat, sling, strap(s) or pad(s) (capped rental)
E0630KJ	61.13	Patient lift, hydraulic or mechanical, includes any seat, sling, strap(s) or pad(s) (capped rental)
E0630NU	855.88	Patient lift, hydraulic or mechanical, includes any seat, sling, strap(s) or pad(s) (new equipment purchase)
E0630UE	641.91	Patient lift, hydraulic or mechanical, includes any seat, sling, strap(s) or pad(s) (used durable medical equipment purchase)
E0630RP	AAC+30%	Patient lift, hydraulic or mechanical, includes any seat, sling, strap(s) or pad(s) (replacement because of wear and tear, damage, or loss)
E0635KH, KI	122.36	Patient lift, electric with seat or sling (capped rental)
E0635KJ	91.77	Patient lift, electric with seat or sling (capped rental)
E0635NU	1,284.78	Patient lift, electric with seat or sling (new equipment purchase)
E0635UE	963.59	Patient lift, electric with seat or sling (used durable medical equipment purchase)
E0635RP	AAC+30%	Patient lift, electric with seat or sling (replacement because of wear and tear, damage, or loss)
E0636KH, KI	1,054.56	Multipositional patient support system, with integrated lift, patient accessible controls (capped rental)
E0636KJ	790.92	Multipositional patient support system, with integrated lift, patient accessible controls (capped rental)
E0636NU	11,072.88	Multipositional patient support system, with integrated lift, patient accessible controls (new equipment purchase)
E0636UE	8,304.66	Multipositional patient support system, with integrated lift, patient accessible controls (used durable medical equipment purchase)

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Code	Rate	Description
E0636RP	AAC+30%	Multipositional patient support system, with integrated lift, patient accessible controls (replacement because of wear and tear, damage, or loss)
E0637NU	2,104.97	Combination sit to stand system, any size including pediatric, with seat lift feature, with or without wheels (new equipment)
E0637RR	210.51	Combination sit to stand system, any size including pediatric, with seat lift feature, with or without wheels (rental)
E0637UE	1,578.72	Combination sit to stand system, any size including pediatric, with seat lift feature, with or without wheels (used durable medical equipment)
E0638NU	853.57	Standing frame system, one position (e.g., upright, supine or prone stander), any size including pediatric, with or without wheels (new equipment)
E0638RR	85.36	Standing frame system, one position (e.g., upright, supine or prone stander), any size, with or without wheels (rental)
E0638UE	640.18	Standing frame system, one position (e.g., upright, supine or prone stander), any size including pediatric, with or without wheels (used durable medical equipment)
E0639	AAC+35%	Patient lift, moveable from room to room with disassembly and reassembly, includes all components/accessories
E0640	AAC+35%	Patient lift, fixed system, includes all components/accessories
E0641	AAC+30%	Standing frame system, multi-position (e.g. three-way stander), any size including pediatric, with or without wheels
E0642	AAC+30%	Standing frame system, mobile (dynamic stander), any size including pediatric
<u>Pneumatic Compressor and Appliances</u>		
E0650NU	576.18	Pneumatic compressor, non-segmental home model (new equipment)
E0650RR	71.10	Pneumatic compressor, non-segmental home model (rental)
E0650UE	432.13	Pneumatic compressor, non-segmental home model (used durable medical equipment)
E0651NU	624.53	Pneumatic compressor, segmental home model without calibrated gradient pressure (new equipment purchase)
E0651RR	73.99	Pneumatic compressor, segmental home model without calibrated gradient pressure (rental)
E0651UE	468.40	Pneumatic compressor, segmental home model without calibrated gradient pressure (used durable medical equipment)
E0652NU	4,241.16	Pneumatic compressor, segmental home model with calibrated gradient pressure (new equipment)
E0652RR	356.29	Pneumatic compressor, segmental home model with calibrated gradient pressure (rental)
E0652UE	3,178.02	Pneumatic compressor, segmental home model with calibrated gradient pressure (used durable medical equipment)
E0655NU	81.40	Non-segmental pneumatic appliance for use with pneumatic compressor, half arm (new equipment)
E0655RR	8.62	Non-segmental pneumatic appliance for use with pneumatic compressor, half arm (rental)
E0655UE	61.04	Non-segmental pneumatic appliance for use with pneumatic compressor, half arm (used durable medical equipment)
E0660NU	126.59	Non-segmental pneumatic appliance for use with pneumatic compressor, full leg (new equipment)

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Code	Rate	Description
E0660RR	11.31	Non-segmental pneumatic appliance for use with pneumatic compressor, full leg (rental)
E0660UE	94.94	Non-segmental pneumatic appliance for use with pneumatic compressor, full leg (used durable medical equipment)
E0665NU	109.59	Non-segmental pneumatic appliance for use with pneumatic compressor, full arm (new equipment)
E0665RR	10.58	Non-segmental pneumatic appliance for use with pneumatic compressor, full arm (rental)
E0665UE	82.30	Non-segmental pneumatic appliance for use with pneumatic compressor, full arm (used durable medical equipment)
E0666NU	110.46	Non-segmental pneumatic appliance for use with pneumatic compressor, half leg (new equipment)
E0666RR	11.38	Non-segmental pneumatic appliance for use with pneumatic compressor, half leg (rental)
E0666UE	82.87	Non-segmental pneumatic appliance for use with pneumatic compressor, half leg (used durable medical equipment)
E0667NU	220.16	Segmental pneumatic appliance for use with pneumatic compressor, full leg
E0667RR	29.25	Segmental pneumatic appliance for use with pneumatic compressor, full leg
E0667UE	165.13	Segmental pneumatic appliance for use with pneumatic compressor, full leg
E0668NU	353.50	Segmental pneumatic appliance for use with pneumatic compressor, full arm (new equipment)
E0668RR	34.89	Segmental pneumatic appliance for use with pneumatic compressor, full arm (rental)
E0668UE	265.14	Segmental pneumatic appliance for use with pneumatic compressor, full arm (used durable rental equipment)
E0669NU	139.25	Segmental pneumatic appliance for use with pneumatic compressor, half leg (new equipment)
E0669RR	13.93	Segmental pneumatic appliance for use with pneumatic compressor, half leg (rental)
E0669UE	104.45	Segmental pneumatic appliance for use with pneumatic compressor, half leg (used durable rental equipment)
E0671NU	332.28	Segmental gradient pressure pneumatic appliance, full leg (new equipment)
E0671RR	33.23	Segmental gradient pressure pneumatic appliance, full leg (rental)
E0671UE	249.20	Segmental gradient pressure pneumatic appliance, full leg (used durable rental equipment)
E0672NU	258.18	Segmental gradient pressure pneumatic appliance, full arm (new equipment)
E0672RR	25.82	Segmental gradient pressure pneumatic appliance, full arm (rental)
E0672UE	193.65	Segmental gradient pressure pneumatic appliance, full arm (used durable medical equipment)
E0673NU	214.54	Segmental gradient pressure pneumatic appliance, half leg (new equipment)
E0673RR	21.46	Segmental gradient pressure pneumatic appliance, half leg (rental)
E0673UE	160.92	Segmental gradient pressure pneumatic appliance, half leg (used durable medical equipment)
E0675KH, KI	307.64	Pneumatic compression device, high pressure, rapidinflation/deflation cycle, for arterial insufficiency (unilateral or bilateral system)

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Code	Rate	Description
E0675KJ	230.73	(capped rental) Pneumatic compression device, high pressure, rapid inflation/deflation cycle, for arterial insufficiency (unilateral or bilateral system)
E0675NU	3,230.22	(capped rental) Pneumatic compression device, high pressure, rapid inflation/deflation cycle, for arterial insufficiency (unilateral or bilateral system) (new equipment purchase)
E0675UE	2,422.67	Pneumatic compression device, high pressure, rapid inflation/deflation cycle, for arterial insufficiency (unilateral or bilateral system) (used durable medical equipment purchase)
E0676	AAC+30%	Intermittent limb compression device (includes all accessories), not otherwise specified
<u>Ultraviolet Cabinet</u>		
E0691NU	718.87	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection; treatment area two square feet or less (new equipment)
E0691RR	71.89	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection; treatment area two square feet or less (rental)
E0691UE	539.15	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection; treatment area two square feet or less (used durable medical equipment purchase)
E0691NUKF	971.43	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection; treatment area two square feet or less (new equipment) (FDA class III device)
E0691RRKF	97.15	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection; treatment area two square feet or less (rental) (FDA class III device)
E0691UEKF	728.57	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection; treatment area two square feet or less (used durable medical equipment purchase) (FDA class III device)
E0692NU	902.70	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, four foot panel (new equipment)
E0692RR	90.26	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, four foot panel (rental)
E0692UE	677.03	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, four foot panel (used durable medical equipment)
E0692NUKF	1,219.84	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, four foot panel (new equipment) (FDA class III device)
E0692RRKF	121.98	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, four foot panel (rental) (FDA class III device)
E0692UEKF	914.88	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, four foot panel (used durable medical equipment) (FDA class III device)
E0693NU	1,112.78	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, six foot panel (new equipment)
E0693RR	111.28	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, six foot panel (rental)
E0693UE	834.59	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, six foot panel (used durable medical equipment)
E0693NUKF	1,503.74	Ultraviolet light therapy system panel, includes bulbs/lamps, timer

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Code	Rate	Description
		and eye protection, six foot panel (new equipment) (FDA class III device)
E0693RRKF	150.38	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, six foot panel (rental) (FDA class III device)
E0693UEKF	1,127.81	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, six foot panel (used durable medical equipment) (FDA class III device)
E0694NU	3,541.87	Ultraviolet multidirectional light therapy system in six foot cabinet, includes bulbs/lamps, timer and eye protection (new equipment)
E0694RR	354.18	Ultraviolet multidirectional light therapy system in six foot cabinet, includes bulbs/lamps, timer and eye protection (rental)
E0694UE	2,656.42	Ultraviolet multidirectional light therapy system in six foot cabinet, includes bulbs/lamps, timer and eye protection (used durable medical equipment)
E0694NUKF	4,786.22	Ultraviolet multidirectional light therapy system in six foot cabinet, includes bulbs/lamps, timer and eye protection (new equipment) (FDA class III device)
E0694RRKF	478.62	Ultraviolet multidirectional light therapy system in six foot cabinet, includes bulbs/lamps, timer and eye protection (rental) (FDA class III device)
E0694UEKF	3,589.69	Ultraviolet multidirectional light therapy system in six foot cabinet, includes bulbs/lamps, timer and eye protection (used durable medical equipment) (FDA class III device)
<u>Safety Equipment</u>		
E0700	AAC+30%	Safety equipment (e.g., belt, harness or vest)
E0705NU	43.91	Transfer device, any type, each (new equipment)
E0705RR	4.49	Transfer device, any type, each (rental)
E0705UE	32.29	Transfer device, any type, each (used durable medical equipment)
<u>Restraints</u>		
E0710	AAC+20%	Restraints, any type (body, chest, wrist or ankle)
<u>Transcutaneous and Neuromuscular Electrical Nerve Stimulators--TENS</u>		
E0720NU	294.06	Transcutaneous electrical nerve stimulation (TENS) device, two lead, localized stimulation (new equipment)
E0730NU	296.45	Transcutaneous electrical nerve stimulation (TENS) device, four or more leads, for multiple nerve stimulation (new equipment)
E0731NU	242.55	Form fitting conductive garment for delivery of TENS or NMES (with conductive fibers separated from the patient's skin by layers of fabric) (new equipment)
E0740NU	418.30	Incontinence treatment system, pelvic floor stimulator, monitor, sensor and/or trainer (new equipment)
E0740RR	41.83	Incontinence treatment system, pelvic floor stimulator, monitor, sensor and/or trainer (rental)
E0740UE	313.74	Incontinence treatment system, pelvic floor stimulator, monitor, sensor and/or trainer (used durable medical equipment)
E0744KH, KI	73.26	Neuromuscular stimulator for scoliosis (capped rental)
E0744KJ	54.94	Neuromuscular stimulator for scoliosis (capped rental)
E0744NU	769.19	Neuromuscular stimulator for scoliosis (new equipment purchase)
E0744UE	576.89	Neuromuscular stimulator for scoliosis (new equipment purchase)
E0745KH, KI	71.61	Neuromuscular stimulator, electronic shock unit (capped rental)
E0745KJ	53.71	Neuromuscular stimulator, electronic shock unit (capped rental)
E0745NU	751.88	Neuromuscular stimulator, electronic shock unit (new equipment)

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Code	Rate	Description
E0745UE	563.91	purchase) Neuromuscular stimulator, electronic shock unit (used durable medical equipment purchase)
E0746	AAC+30%	Electromyography (EMG), biofeedback device
E0747NUKF	3,241.15	Osteogenesis stimulator, electrical, non-invasive, other than spinal applications (new equipment) (FDA class III device)
E0747RRKF	322.08	Osteogenesis stimulator, electrical, non-invasive, other than spinal applications (rental) (FDA class III device)
E0747UEKF	2,408.12	Osteogenesis stimulator, electrical, non-invasive, other than spinal applications (used durable medical equipment) (FDA class III device)
E0748NUKF	3,788.41	Osteogenesis stimulator, electrical, non-invasive, spinal applications (new equipment) (FDA class III device)
E0748RRKF	378.84	Osteogenesis stimulator, electrical, non-invasive, spinal applications (rental) (FDA class III device)
E0748UEKF	2,841.32	Osteogenesis stimulator, electrical, non-invasive, spinal applications (used durable medical equipment) (FDA class III device)
E0749KHKF, KIKF	276.89	Osteogenesis stimulator, electrical, surgically implanted (capped rental) (FDA class III device)
E0749KJKF	207.67	Osteogenesis stimulator, electrical, surgically implanted (capped rental) (FDA class III device)
E0749NUKF	2,907.35	Osteogenesis stimulator, electrical, surgically implanted (new equipment purchase) (FDA class III device)
E0749UEKF	2,180.51	Osteogenesis stimulator, electrical, surgically implanted (used durable medical equipment purchase) (FDA class III device)
E0755	AAC+30%	Electronic salivary reflex stimulator (intra-oral/non-invasive)
E0760NUKF	3,148.10	Ostogenesis stimulator, low intensity ultrasound, non-invasive (new equipment) (FDA class III device)
E0760RRKF	314.82	Ostogenesis stimulator, low intensity ultrasound, non-invasive (rental) (FDA class III device)
E0760UEKF	2,361.08	Ostogenesis stimulator, low intensity ultrasound, non-invasive (used durable medical equipment) (FDA class III device)
E0761	AAC+30%	Non-thermal pulsed high frequency radiowaves, high peak power electromagnetic energy treatment device
E0762	AAC+30%	Transcutaneous electrical joint stimulation device system, includes all accessories
E0764NUKF	10,775.87	Functional neuromuscular stimulator, transcutaneous stimulation of muscles of ambulation with computer control, used for walking by spinal cord injured, entire system, after completion of training program (new equipment) (FDA class III device)
E0764RRKF	1,077.58	Functional neuromuscular stimulator, transcutaneous stimulation of muscles of ambulation with computer control, used for walking by spinal cord injured, entire system, after completion of training program (rental) (FDA class III device)
E0764UEKF	8,081.91	Functional neuromuscular stimulator, transcutaneous stimulation of muscles of ambulation with computer control, used for walking by spinal cord injured, entire system, after completion of training program (used durable medical equipment) (FDA class III device)
E0765NU	67.30	FDA approved nerve stimulator, with replaceable batteries, for treatment of nausea and vomiting (new equipment)
E0765RR	6.74	FDA approved nerve stimulator, with replaceable batteries, for

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Code	Rate	Description
		treatment of nausea and vomiting (rental)
E0765UE	50.50	FDA approved nerve stimulator, with replaceable batteries, for treatment of nausea and vomiting (used durable medical equipment)
E0769	AAC+30%	Electrical stimulation or electromagnetic wound treatment device, not otherwise classified
<u>Infusion Supplies</u>		
E0776NU	114.53	IV pole (new equipment)
E0776RR	14.92	IV pole (rental)
E0776UE	84.26	IV pole (used durable medical equipment)
E0776NUBA	81.58	IV pole (new equipment) (item furnished in conjunction with parenteral enteral nutrition (PEN) services)
E0776RRBA	20.65	IV pole (rental) (item furnished in conjunction with parenteral enteral nutrition (PEN) services)
E0776UEBA	61.19	IV pole (used durable medical equipment) (item furnished in conjunction with parenteral enteral nutrition (PEN) services)
E0779KH, KI	13.38	Ambulatory infusion pump, mechanical, reusable, for infusion 8 hours or greater (capped rental)
E0779KJ	10.04	Ambulatory infusion pump, mechanical, reusable, for infusion 8 hours or greater (capped rental)
E0779NU	140.53	Ambulatory infusion pump, mechanical, reusable, for infusion 8 hours or greater (new equipment purchase)
E0779UE	105.40	Ambulatory infusion pump, mechanical, reusable, for infusion 8 hours or greater (used durable medical equipment)
E0780NU	8.30	Ambulatory infusion pump, mechanical, reusable, for infusion less than 8 hours (new equipment)
E0781KH, KI	180.11	Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient (capped rental)
E0781KJ	135.08	Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient (capped rental)
E0781NU	1,891.18	Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient (new equipment purchase)
E0781UE	1,418.38	Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient
E0782NUKF	3,553.41	Infusion pump, implantable, non-programmable (includes all components, e.g., pump, catheter, connectors, etc.) (new equipment) (FDA class III device)
E0782RRKF	355.36	Infusion pump, implantable, non-programmable (includes all components, e.g., pump, catheter, connectors, etc.) (rental) (FDA class III device)
E0782UEKF	2,665.10	Infusion pump, implantable, non-programmable (includes all components, e.g., pump, catheter, connectors, etc.) (used durable medical equipment) (FDA class III device)
E0783NUKF	7,971.67	Infusion pump system, implantable, programmable (includes all components, e.g., pump, catheter, connectors, etc.) (new equipment) (FDA class III device)
E0783RRKF	797.18	Infusion pump system, implantable, programmable (includes all components, e.g., pump, catheter, connectors, etc.) (rental) (FDA class III device)

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Code	Rate	Description
E0783UEKF	5,978.76	Infusion pump system, implantable, programmable (includes all components, e.g., pump, catheter, connectors, etc.) (used durable medical equipment) (FDA class III device)
E0784KH, KI	540.78	External ambulatory infusion pump, insulin (capped rental)
E0784KJ	405.58	External ambulatory infusion pump, insulin (capped rental)
E0784NU	6,489.30	External ambulatory infusion pump, insulin (new equipment purchase)
E0785KF	460.08	Implantable intraspinal (epidural/intrathecal) catheter used with implantable infusion pump, replacement (FDA class III device)
E0786NUKF	7,495.23	Implantable programmable infusion pump, replacement (excludes implantable intraspinal catheter) (new equipment) (FDA class III device)
E0786RRKF	749.52	Implantable programmable infusion pump, replacement (excludes implantable intraspinal catheter) (rental) (FDA class III device)
E0786UEKF	5,621.44	Implantable programmable infusion pump, replacement (excludes implantable intraspinal catheter) (used durable medical equipment) (FDA class III device)
E0791KH, KI	252.96	Parenteral infusion pump, stationary, single or multi-channel (capped rental)
E0791KJ	189.72	Parenteral infusion pump, stationary, single or multi-channel (capped rental)
E0791NU	2,656.08	Parenteral infusion pump, stationary, single or multi-channel (new equipment purchase)
E0791UE	1,992.06	Parenteral infusion pump, stationary, single or multi-channel (used durable medical equipment)
<u>Traction--All Types</u>		
E0830NU	AAC+30%	Ambulatory traction device, all types, each
<u>Traction--Cervical</u>		
E0840NU	58.62	Traction frame, attached to headboard, cervical traction (new equipment)
E0840RR	11.62	Traction frame, attached to headboard, cervical traction (rental)
E0840UE	43.94	Traction frame, attached to headboard, cervical traction (used durable medical equipment)
E0849NU	412.25	Traction equipment, cervical, freestanding stand/frame, pneumatic, applying traction force to other than mandible (new equipment)
E0849RR	41.22	Traction equipment, cervical, freestanding stand/frame, pneumatic, applying traction force to other than mandible (rental)
E0849UE	309.17	Traction equipment, cervical, freestanding stand/frame, pneumatic, applying traction force to other than mandible (used durable medical equipment)
E0850NU	84.05	Traction stand, free standing, cervical traction (new equipment)
E0850RR	9.82	Traction stand, free standing, cervical traction (rental)
E0850UE	63.04	Traction stand, free standing, cervical traction (used durable medical equipment)
E0855NU	402.10	Cervical traction equipment not requiring additional stand or frame (new equipment)
E0855RR	40.21	Cervical traction equipment not requiring additional stand or frame (rental)
E0855UE	301.57	Cervical traction equipment not requiring additional stand or frame (used durable medical equipment)
E0856NU	AAC+30%	Cervical traction device, cervical collar with inflatable air bladder

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Code	Rate	Description
		(new equipment)
E0856RR	I.C.	Cervical traction device, cervical collar with inflatable air bladder (rental)
E0856UE	I.C.	Cervical traction device, cervical collar with inflatable air bladder (used durable medical equipment)
<u>Traction--Overdoor</u>		
E0860NU	30.82	Traction equipment, overdoor, cervical (new equipment)
E0860RR	5.21	Traction equipment, overdoor, cervical (rental)
E0860UE	23.61	Traction equipment, overdoor, cervical (used durable medical equipment)
<u>Traction--Extremity</u>		
E0870NU	93.05	Traction frame, attached to footboard, extremity traction, (e.g. buck's) (new equipment)
E0870RR	10.72	Traction frame, attached to footboard, extremity traction, (e.g. buck's) (rental)
E0870UE	70.10	Traction frame, attached to footboard, extremity traction, (e.g. buck's) (used durable medical equipment)
E0880NU	100.43	Traction stand, free standing, extremity traction, (e.g., buck's) (new equipment)
E0880RR	10.04	Traction stand, free standing, extremity traction, (e.g., buck's) (rental)
E0880UE	75.32	Traction stand, free standing, extremity traction, (e.g., buck's) (used durable medical equipment)
<u>Traction--Pelvic</u>		
E0890NU	96.33	Traction frame, attached to footboard, pelvic traction (new equipment)
E0890RR	26.26	Traction frame, attached to footboard, pelvic traction (rental)
E0890UE	77.59	Traction frame, attached to footboard, pelvic traction (used durable medical equipment)
E0900NU	102.50	Traction stand, free standing, pelvic traction, (e.g., buck's) (new equipment)
E0900RR	22.10	Traction stand, free standing, pelvic traction, (e.g., buck's) (rental)
E0900UE	76.9	Traction stand, free standing, pelvic traction, (e.g., buck's) (used durable medical equipment)
<u>Trapeze Equipment, Fracture Frame, and Other Orthopedic Devices</u>		
E0910KH, KI	16.00	Trapeze bars, a/k/a patient helper, attached to bed, with grab bar (capped rental)
E0910KJ	12.00	Trapeze bars, a/k/a patient helper, attached to bed, with grab bar (capped rental)
E0910NU	168.00	Trapeze bars, a/k/a patient helper, attached to bed, with grab bar (new equipment purchase)
E0910UE	126.00	Trapeze bars, a/k/a patient helper, attached to bed, with grab bar (used durable medical equipment purchase)
E0911KH, KI	39.88	Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, attached to bed with grab bar (capped rental)
E0911KJ	29.91	Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, attached to bed with grab bar (capped rental)
E0911NU	418.74	Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, attached to bed with grab bar (new equipment purchase)
E0911UE	314.06	Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, attached to bed with grab bar (used durable medical equipment purchase)

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Code	Rate	Description
E0912KH, KI	91.58	Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, free standing, complete with grab bar (capped rental)
E0912KJ	68.68	Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, free standing, complete with grab bar (capped rental)
E0912NU	961.55	Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, free standing, complete with grab bar (new equipment purchase)
E0912UE	721.16	Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, free standing, complete with grab bar (used durable medical equipment purchase)
E0920KH, KI	36.91	Fracture frame, attached to bed, includes weights (capped rental)
E0920KJ	27.68	Fracture frame, attached to bed, includes weights (capped rental)
E0920NU	387.58	Fracture frame, attached to bed, includes weights (new equipment purchase)
E0920UE	290.68	Fracture frame, attached to bed, includes weights (used durable medical equipment purchase)
E0930KH, KI	36.55	Fracture frame, free standing, includes weights (capped rental)
E0930KJ	27.41	Fracture frame, free standing, includes weights (capped rental)
E0930NU	383.80	Fracture frame, free standing, includes weights (new equipment purchase)
E0930UE	226.16	Fracture frame, free standing, includes weights (used durable medical equipment)
E0935RR	18.18	Continuous passive motion exercise device for use on knee only (daily rental)
E0936	AAC+30%	Continuous passive motion exercise device for use other than knee
E0940KH, KI	27.82	Trapeze bar, free standing, complete with grab bar (capped rental)
E0940KJ	20.86	Trapeze bar, free standing, complete with grab bar (capped rental)
E0940NU	292.07	Trapeze bar, free standing, complete with grab bar (new equipment purchase)
E0940UE	219.05	Trapeze bar, free standing, complete with grab bar (used durable medical equipment purchase)
E0941KH, KI	29.52	Gravity assisted traction device, any type (capped rental)
E0941KJ	22.14	Gravity assisted traction device, any type (capped rental)
E0941NU	309.96	Gravity assisted traction device, any type (new equipment purchase)
E0941UE	232.47	Gravity assisted traction device, any type (used durable medical equipment purchase)
E0942NU	15.88	Cervical head harness/halter (new equipment)
E0942RR	1.59	Cervical head harness/halter (rental)
E0942UE	11.90	Cervical head harness/halter (used durable medical equipment)
E0944NU	36.70	Pelvic belt/harness/boot (new equipment)
E0944RR	3.18	Pelvic belt/harness/boot (rental)
E0944UE	27.52	Pelvic belt/harness/boot (used durable medical equipment)
E0945NU	35.46	Extremity belt/harness (new equipment)
E0945RR	3.02	Extremity belt/harness (rental)
E0945UE	27.45	Extremity belt/harness (used durable medical equipment)
E0946KH, KI	47.33	Fracture, frame, dual with cross bars, attached to bed, (e.g. balken, 4 poster) (capped rental)
E0946KJ	35.50	Fracture, frame, dual with cross bars, attached to bed, (e.g. balken, 4 poster) (capped rental)
E0946NU	496.94	Fracture, frame, dual with cross bars, attached to bed, (e.g. balken, 4 poster) (new equipment purchase)

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Code	Rate	Description
E0946UE	372.71	Fracture, frame, dual with cross bars, attached to bed, (e.g. balken, 4 poster) (used durable medical equipment purchase)
E0947NU	485.17	Fracture frame, attachments for complex pelvic traction (new equipment)
E0947RR	50.31	Fracture frame, attachments for complex pelvic traction (rental)
E0947UE	363.87	Fracture frame, attachments for complex pelvic traction (used durable medical equipment)
E0948NU	469.27	Fracture frame, attachments for complex cervical traction (new equipment)
E0948RR	46.91	Fracture frame, attachments for complex cervical traction
E0948UE	330.96	Fracture frame, attachments for complex cervical traction (used durable medical equipment)
<u>Wheelchair Accessories (see also K0001-K0109)</u>		
E0950NU	88.36	Wheelchair accessory, tray, each (new equipment) (standard tray)
E0950U1	AAC+35%	Wheelchair accessory, tray, each (nonstandard tray for customized mobility system)
E0950RR	8.85	Wheelchair accessory, tray, each (rental)
E0950UE	66.27	Wheelchair accessory, tray, each (used durable medical equipment)
E0951NU	17.08	Heel loop/holder, any type, with or without ankle strap, each (new equipment)
E0951RR	1.96	Heel loop/holder, any type, with or without ankle strap, each (rental)
E0951UE	12.81	Heel loop/holder, any type, with or without ankle strap, each (used durable medical equipment)
E0952NU	16.89	Toe loop/holder, any type, each (new equipment)
E0952RR	1.96	Toe loop/holder, any type, each (rental)
E0952UE	12.66	Toe loop/holder, any type, each (used durable medical equipment)
E0955NU	202.18	Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each (new equipment)
E0955RR	20.23	Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each (rental)
E0955UE	151.63	Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each (used durable medical equipment)
E0956NU	98.58	Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each (new equipment)
E0956RR	9.87	Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each (rental)
E0956UE	73.93	Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each (used durable medical equipment)
E0957NU	137.93	Wheelchair accessory, medial thigh support, any type, including any type mounting hardware (new equipment)
E0957RR	13.79	Wheelchair accessory, medial thigh support, any type, including any type mounting hardware (rental)
E0957UE	103.45	Wheelchair accessory, medial thigh support, any type, including any type mounting hardware (used durable medical equipment)
E0958KH, KI	37.09	Manual wheelchair accessory, one-arm drive attachment, each (capped rental)
E0958KJ	27.82	Manual wheelchair accessory, one-arm drive attachment, each (capped rental)
E0958NU	389.45	Manual wheelchair accessory, one-arm drive attachment, each (new equipment purchase)

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Code	Rate	Description
E0958UE	292.08	Manual wheelchair accessory, one-arm drive attachment, each (used durable medical equipment purchase)
E0959NU	44.21	Manual wheelchair accessory, adapter for amputee, each (new equipment)
E0959RR	3.91	Manual wheelchair accessory, adapter for amputee, each (rental)
E0959UE	33.46	Manual wheelchair accessory, adapter for amputee, each (used durable medical equipment)
E0960NU	90.98	Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware, each (new equipment)
E0960RR	9.10	Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware, each (rental)
E0960UE	68.24	Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware, each (used durable medical equipment)
E0961NU	29.74	Manual wheelchair accessory, wheel lock brake extension (handle), each (new equipment)
E0961RR	2.64	Manual wheelchair accessory, wheel lock brake extension (handle), each (rental)
E0961UE	12.63	Manual wheelchair accessory, wheel lock brake extension (handle), each (used durable medical equipment)
E0966NU	71.37	Manual wheelchair accessory, headrest extension, each (new equipment)
E0966RR	6.62	Manual wheelchair accessory, headrest extension, each (rental)
E0966UE	53.52	Manual wheelchair accessory, headrest extension, each (used durable medical equipment)
E0967NU	65.69	Manual wheelchair accessory, hand rim with projections, any type, each (new equipment)
E0967RR	6.57	Manual wheelchair accessory, hand rim with projections, any type, each (rental)
E0967UE	49.25	Manual wheelchair accessory, hand rim with projections, any type, each (used durable medical equipment)
E0968KH, KI	16.94	Commode seat, wheelchair (capped rental)
E0968KJ	12.71	Commode seat, wheelchair (capped rental)
E0968NU	177.87	Commode seat, wheelchair (new equipment purchase)
E0968UE	133.40	Commode seat, wheelchair (used durable medical equipment purchase)
E0969NU	156.63	Narrowing device, wheelchair (new equipment)
E0969RR	13.22	Narrowing device, wheelchair (rental)
E0969UE	117.48	Narrowing device, wheelchair (used durable medical equipment)
E0970NU	33.84	No.2 footplates, except for elevating leg rest (new equipment) (see K0037 & K0042)
E0970RR	3.04	No.2 footplates, except for elevating leg rest (rental)
E0970UE	25.38	No.2 footplates, except for elevating leg rest (used durable medical equipment)
E0971NU	43.39	Manual wheelchair accessory, anti-tipping device, each (new equipment)
E0971RR	4.34	Manual wheelchair accessory, anti-tipping device, each (rental)
E0971UE	32.56	Manual wheelchair accessory, anti-tipping device, each (used durable medical equipment)
E0972NU	54.89	Wheelchair accessory, transfer board or device, each (new equipment)

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Code	Rate	Description
E0972RR	5.61	Wheelchair accessory, transfer board or device, each (rental)
E0972UE	40.36	Wheelchair accessory, transfer board or device, each (used durable medical equipment)
E0973NU	114.97	Wheelchair accessory, adjustable height, detachable armrest, complete assembly, each (new equipment)
E0973RR	9.31	Wheelchair accessory, adjustable height, detachable armrest, complete assembly, each (rental)
E0973UE	86.23	Wheelchair accessory, adjustable height detachable armrest, complete assembly, each (used durable medical equipment)
E0974NU	74.07	Manual wheelchair accessory, anti-rollback device, each (new equipment)
E0974RR	7.06	Manual wheelchair accessory, anti-rollback device, each (rental)
E0974UE	55.54	Manual wheelchair accessory, anti-rollback device, each (used durable medical equipment)
E0974UD	AAC+35%	Manual wheelchair accessory, anti-rollback device, each (bariatric equipment)
E0977NU	65.41	Wedge cushion, wheelchair (new equipment)
E0977RR	6.30	Wedge cushion, wheelchair (rental)
E0977UE	49.08	Wedge cushion, wheelchair (used durable medical equipment)
E0978NU	42.70	Wheelchair accessory, positioning belt/safety belt/pelvic strap, each (new equipment)
E0978RR	4.28	Wheelchair accessory, positioning belt/safety belt/pelvic strap, each (rental)
E0978UE	31.66	Wheelchair accessory, positioning belt/safety belt/pelvic strap, each (used durable medical equipment)
E0979NU	32.64	Belt, safety with velcro closure, wheelchair (new equipment)
E0979RR	3.26	Belt, safety with velcro closure, wheelchair (rental)
E0979UE	24.48	Belt, safety with velcro closure, wheelchair (used durable medical equipment)
E0980NU	33.06	Safety vest, wheelchair (new equipment)
E0980RR	3.30	Safety vest, wheelchair (rental)
E0980UE	24.66	Safety vest, wheelchair (used durable medical equipment)
E0981NU	47.15	Wheelchair accessory, seat upholstery, replacement only, each (new equipment)
E0981RR	4.08	Wheelchair accessory, seat upholstery, replacement only, each (rental)
E0981UE	35.70	Wheelchair accessory, seat upholstery, replacement only, each (used durable medical equipment)
E0981UC	AAC+35%	Wheelchair accessory, seat upholstery, replacement only, each (pediatric specialized rehabilitation equipment)
E0982NU	51.53	Wheelchair accessory, back upholstery, replacement only, each (new equipment)
E0982RR	4.38	Wheelchair accessory, back upholstery, replacement only, each (rental)
E0982UE	38.64	Wheelchair accessory, back upholstery, replacement only, each (used durable medical equipment)
E0983KH, KI	249.93	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, joystick control (capped rental)
E0983KJ	187.45	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, joystick control (capped rental)
E0983NU	2,624.27	Manual wheelchair accessory, power add-on to convert manual

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Code	Rate	Description
		wheelchair to motorized wheelchair, joystick control (new equipment purchase)
E0983UE	1,968.20	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, joystick control (used durable medical equipment purchase)
E0984NU	1,760.94	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, tiller control (new equipment)
E0984RR	176.09	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, tiller control (rental)
E0984UE	1,320.70	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, tiller control (used durable medical equipment)
E0985NU	202.85	Wheelchair accessory, seat lift mechanism (new equipment)
E0985RR	20.30	Wheelchair accessory, seat lift mechanism (rental)
E0985UE	152.12	Wheelchair accessory, seat lift mechanism (used durable medical equipment)
E0986NU	4,864.24	Manual wheelchair accessory, push activated power assist, each (new equipment)
E0986RR	486.43	Manual wheelchair accessory, push activated power assist, each (rental)
E0986UE	3,648.20	Manual wheelchair accessory, push activated power assist, each (used durable medical equipment)
E0990NU	117.43	Wheelchair accessory, elevating leg rest, complete assembly, each (new equipment)
E0990RR	13.22	Wheelchair accessory, elevating leg rest, complete assembly, each (rental)
E0990UE	91.75	Wheelchair accessory, elevating leg rest, complete assembly, each (used durable medical equipment)
E0992NU	95.15	Manual wheelchair accessory, solid seat insert (new equipment)
E0992RR	7.92	Manual wheelchair accessory, solid seat insert (rental)
E0992UE	71.37	Manual wheelchair accessory, solid seat insert (used durable medical equipment)
E0994NU	17.63	Arm rest, each (new equipment)
E0994RR	1.78	Arm rest, each (rental)
E0994UE	13.23	Arm rest, each (used durable medical equipment)
E0995NU	25.84	Wheelchair accessory, calf rest/pad, each (new equipment)
E0995RR	2.66	Wheelchair accessory, calf rest/pad, each (rental)
E0995UE	19.36	Wheelchair accessory, calf rest/pad, each (used durable medical equipment)
E0997NU	64.07	Caster with a fork (new equipment)
E0997RR	7.13	Caster with a fork (rental)
E0997UE	48.07	Caster with a fork (used durable medical equipment)
E0998NU	34.34	Caster without fork (new equipment)
E0998RR	3.96	Caster without fork (rental)
E0998UE	25.77	Caster without fork (used durable medical equipment)
E0999NU	114.97	Pneumatic tire with wheel (new equipment)
E0999RR	11.51	Pneumatic tire with wheel (rental)
E0999UE	86.23	Pneumatic tire with wheel (used durable medical equipment)
E1002NU	4,113.02	Wheelchair accessory, power seating system, tilt only (new equipment)
E1002RR	411.33	Wheelchair accessory, power seating system, tilt only (rental)

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Code	Rate	Description
E1002UE	3,084.76	Wheelchair accessory, power seating system, tilt only (used durable medical equipment)
E1003NU	4,391.30	Wheelchair accessory, power seating system, recline only, without shear reduction (new equipment)
E1003RR	439.14	Wheelchair accessory, power seating system, recline only, without shear reduction (rental)
E1003UE	3,293.48	Wheelchair accessory, power seating system, recline only, without shear reduction (used durable medical equipment)
E1004NU	4,869.05	Wheelchair accessory, power seating system, recline only, with mechanical shear reduction (new equipment)
E1004RR	486.90	Wheelchair accessory, power seating system, recline only, with mechanical shear reduction (rental)
E1004UE	3,651.77	Wheelchair accessory, power seating system, recline only, with mechanical shear reduction (used durable medical equipment)
E1005NU	5,270.36	Wheelchair accessory, power seating system, recline only, with power shear reduction (new equipment)
E1005RR	527.03	Wheelchair accessory, power seating system, recline only, with power shear reduction (rental)
E1005UE	3,952.62	Wheelchair accessory, power seating system, recline only, with power shear reduction (used durable medical equipment)
E1006NU	6,455.70	Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction (new equipment)
E1006RR	645.55	Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction (rental)
E1006UE	4,841.78	Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction (used durable medical equipment)
E1007NU	8,741.27	Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction (new equipment)
E1007RR	874.13	Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction (rental)
E1007UE	6,555.94	Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction (used durable medical equipment)
E1008NU	8,742.05	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction (new equipment)
E1008RR	874.20	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction (rental)
E1008UE	6,556.55	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction (used durable medical equipment)
E1009NU	AAC+35%	Wheelchair accessory, addition to power seating system, mechanically linked leg elevation system, including pushrod and legrest, each (new equipment)
E1009RR	I.C.	Wheelchair accessory, addition to power seating system, mechanically linked leg elevation system, including pushrod and legrest, each (rental)
E1009UE	I.C.	Wheelchair accessory, addition to power seating system, mechanically linked leg elevation system, including pushrod and legrest, each (used durable medical equipment)
E1010NU	1,143.79	Wheelchair accessory, addition to power seating system, power leg elevation system, including legrest, pair (new equipment)

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Code	Rate	Description
E1010RR	114.38	Wheelchair accessory, addition to power seating system, power leg elevation system, including legrest, pair (rental)
E1010UE	857.86	Wheelchair accessory, addition to power seating system, power leg elevation system, including legrest, pair (used durable medical equipment)
E1011NU	AAC+35%	Modification to pediatric size wheelchair, width adjustment package (not to be dispensed with initial chair) (new equipment)
E1011RR	I.C.	Modification to pediatric size wheelchair, width adjustment package (not to be dispensed with initial chair) (rental)
E1011UE	I.C.	Modification to pediatric size wheelchair, width adjustment package (not to be dispensed with initial chair) (used durable medical equipment)
E1014NU	365.14	Reclining back, addition to pediatric size wheelchair (new equipment)
E1014RR	36.52	Reclining back, addition to pediatric size wheelchair (rental)
E1014UE	273.85	Reclining back, addition to pediatric size wheelchair (used durable medical equipment)
E1015NU	114.70	Shock absorber for manual wheelchair, each (new equipment)
E1015RR	11.46	Shock absorber for manual wheelchair, each (rental)
E1015UE	86.02	Shock absorber for manual wheelchair, each (used durable medical equipment)
E1016NU	131.31	Shock absorber for power wheelchair, each (new equipment)
E1016RR	13.14	Shock absorber for power wheelchair, each (rental)
E1016UE	98.48	Shock absorber for power wheelchair, each (used durable medical equipment)
E1017NU	AAC+35%	Heavy duty shock absorber for heavy duty or extra heavy duty manual wheelchair, each (new equipment)
E1017RR	I.C.	Heavy duty shock absorber for heavy duty or extra heavy duty manual wheelchair, each (rental)
E1017UE	I.C.	Heavy duty shock absorber for heavy duty or extra heavy duty manual wheelchair, each (used durable medical equipment)
E1018NU	AAC+35%	Heavy duty shock absorber for heavy duty or extra heavy duty power wheelchair, each (new equipment)
E1018RR	I.C.	Heavy duty shock absorber for heavy duty or extra heavy duty power wheelchair, each (rental)
E1018UE	I.C.	Heavy duty shock absorber for heavy duty or extra heavy duty power wheelchair, each (used durable medical equipment)
E1020NU	243.41	Residual limb support system for wheelchair (new equipment)
E1020RR	24.32	Residual limb support system for wheelchair (rental)
E1020UE	182.55	Residual limb support system for wheelchair (used durable medical equipment)
E1028NU	206.54	Wheelchair accessory, manual swingaway, retractable, or removable mounting hardware (new equipment)
E1028RR	20.65	Wheelchair accessory, manual swingaway, retractable, or removable mounting hardware (rental)
E1028UE	154.89	Wheelchair accessory, manual swingaway, retractable, or removable mounting hardware (used durable medical equipment)
E1029NU	369.54	Wheelchair accessory, manual ventilator tray, fixed (new equipment)
E1029RR	36.95	Wheelchair accessory, manual ventilator tray, fixed (rental)
E1029UE	277.15	Wheelchair accessory, manual ventilator tray, fixed (used durable medical equipment)
E1030NU	1,165.27	Wheelchair accessory, manual ventilator tray, gimbaled (new)

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Code	Rate	Description
		equipment)
E1030RR	116.53	Wheelchair accessory, manual ventilator tray, gimbaled (rental)
E1030UE	873.96	Wheelchair accessory, manual ventilator tray, gimbaled (used durable medical equipment)
<u>Rollabout Chair</u>		
E1031KH, KI	49.09	Rollabout chair, any and all types with castors 5 inches or greater (capped rental)
E1031KJ	36.82	Rollabout chair, any and all types with castors 5 inches or greater (capped rental)
E1031NU	515.45	Rollabout chair, any and all types with castors 5 inches or greater (new equipment purchase)
E1031UE	386.58	Rollabout chair, any and all types with castors 5 inches or greater (used durable medical equipment purchase)
E1035KH, KI	613.20	Multi-positional patient transfer system, with integrated seat, operated by care giver (capped rental)
E1035KJ	459.90	Multi-positional patient transfer system, with integrated seat, operated by care giver (capped rental)
E1035NU	6,438.60	Multi-positional patient transfer system, with integrated seat, operated by care giver (new equipment purchase)
E1035UE	4,828.95	Multi-positional patient transfer system, with integrated seat, operated by care giver (used durable medical equipment purchase)
E1037KH, KI	108.49	Transport chair, pediatric size (capped rental)
E1037KJ	81.37	Transport chair, pediatric size (capped rental)
E1037NU	1,139.15	Transport chair, pediatric size (new equipment purchase)
E1037UE	854.36	Transport chair, pediatric size (used durable medical equipment purchase)
E1038KH, KI	18.03	Transport chair, adult size, patient weight capacity up to and including 300 pounds (capped rental)
E1038KJ	13.56	Transport chair, adult size, patient weight capacity up to and including 300 pounds (capped rental)
E1038NU	189.69	Transport chair, adult size, patient weight capacity up to and including 300 pounds (new equipment purchase)
E1038UE	142.27	Transport chair, adult size, patient weight capacity up to and including 300 pounds (used durable medical equipment purchase)
E1039KH, KI	34.20	Transport chair, adult size, heavy duty, patient weight capacity greater than 300 pounds (capped rental)
E1039KJ	25.65	Transport chair, adult size, heavy duty, patient weight capacity greater than 300 pounds (capped rental)
E1039NU	359.10	Transport chair, adult size, heavy duty, patient weight capacity greater than 300 pounds (new equipment purchase)
E1039UE	269.33	Transport chair, adult size, heavy duty, patient weight capacity greater than 300 pounds (used durable medical equipment purchase)
<u>Wheelchair--Fully Reclining</u>		
E1050KH, KI	86.56	Fully-reclining wheelchair, fixed full length arms, swing away detachable elevating leg rests (capped rental)
E1050KJ	64.92	Fully-reclining wheelchair, fixed full length arms, swing away detachable elevating leg rests (capped rental)
E1050NU	908.88	Fully-reclining wheelchair, fixed full length arms, swing away detachable elevating leg rests (new equipment purchase)
E1050UE	681.66	Fully-reclining wheelchair, fixed full length arms, swing away

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Code	Rate	Description
		detachable elevating leg rests (used durable medical equipment purchase)
E1060KH, KI	126.07	Fully-reclining wheelchair, detachable arms, desk or full length, swing away detachable elevating legrests (capped rental)
E1060KJ	94.55	Fully-reclining wheelchair, detachable arms, desk or full length, swing away detachable elevating legrests (capped rental)
E1060NU	1,323.74	Fully-reclining wheelchair, detachable arms, desk or full length, swing away detachable elevating legrests (new equipment purchase)
E1060UE	992.80	Fully-reclining wheelchair, detachable arms, desk or full length, swing away detachable elevating legrests (used durable medical equipment purchase)
E1065NU	2,325.80	Power attachment (to convert any wheelchair to motorized wheelchair, e.g., solo) (new equipment)
E1065RR	179.73	Power attachment (to convert any wheelchair to motorized wheelchair, e.g., solo) (rental)
E1065UE	1,744.35	Power attachment (to convert any wheelchair to motorized wheelchair, e.g., solo) (used durable medical equipment purchase)
E1066NU	210.90	Battery charger (new equipment)
E1066RR	21.14	Battery charger (rental)
E1066UE	158.18	Battery charger (used durable medical equipment)
E1069NU	70.00	Deep cycle battery (new equipment)
E1069RR	7.00	Deep cycle battery (rental)
E1069UE	52.50	Deep cycle battery (used durable medical equipment)
E1070KH, KI	109.53	Fully-reclining wheelchair, detachable arms (desk or full length) swing away detachable footrest (capped rental)
E1070KJ	82.15	Fully-reclining wheelchair, detachable arms (desk or full length) swing away detachable footrest (capped rental)
E1070NU	1,150.07	Fully-reclining wheelchair, detachable arms (desk or full length) swing away detachable footrest (new equipment purchase)
E1070UE	862.55	Fully-reclining wheelchair, detachable arms (desk or full length) swing away detachable footrest (used durable medical equipment purchase)
E1083KH, KI	72.72	Hemi-wheelchair, fixed full length arms, swing away detachable elevating leg rest (capped rental)
E1083KJ	54.54	Hemi-wheelchair, fixed full length arms, swing away detachable elevating leg rest (capped rental)
E1083NU	763.56	Hemi-wheelchair, fixed full length arms, swing away detachable elevating leg rest (new equipment purchase)
E1083UE	572.67	Hemi-wheelchair, fixed full length arms, swing away detachable elevating leg rest (used durable medical equipment purchase)
E1084KH, KI	96.57	Hemi-wheelchair, detachable arms desk or full length arms, swing away detachable elevating leg rests (capped rental)
E1084KJ	72.43	Hemi-wheelchair, detachable arms desk or full length arms, swing away detachable elevating leg rests (capped rental)
E1084NU	1,013.99	Hemi-wheelchair, detachable arms desk or full length arms, swing away detachable elevating leg rests (new equipment purchase)
E1084UE	760.49	Hemi-wheelchair, detachable arms desk or full length arms, swing away detachable elevating leg rests (used durable medical equipment)
E1085KH, KI	60.47	Hemi-wheelchair, fixed full length arms, swing away detachable foot rests (capped rental)

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Code	Rate	Description
E1085KJ	45.35	Hemi-wheelchair, fixed full length arms, swing away detachable foot rests (capped rental)
E1085NU	634.96	Hemi-wheelchair, fixed full length arms, swing away detachable foot rests (new equipment purchase)
E1085UE	476.26	Hemi-wheelchair, fixed full length arms, swing away detachable foot rests (used durable medical equipment purchase)
E1086KH, KI	60.47	Hemi-wheelchair detachable arms desk or full length, swing away detachable footrests (capped rental)
E1086KJ	45.35	Hemi-wheelchair detachable arms desk or full length, swing away detachable footrests (capped rental)
E1086NU	634.96	Hemi-wheelchair detachable arms desk or full length, swing away detachable footrests (new equipment purchase)
E1086UE	476.26	Hemi-wheelchair detachable arms desk or full length, swing away detachable footrests (used durable medical equipment purchase)
E1087KH, KI	126.51	High strength lightweight wheelchair, fixed full length arms, swing away detachable elevating leg rests (capped rental)
E1087KJ	94.88	High strength lightweight wheelchair, fixed full length arms, swing away detachable elevating leg rests (capped rental)
E1087NU	1,328.36	High strength lightweight wheelchair, fixed full length arms, swing away detachable elevating leg rests (new equipment purchase)
E1087UE	996.27	High strength lightweight wheelchair, fixed full length arms, swing away detachable elevating leg rests (used durable medical equipment purchase)
E1088KH, KI	150.77	High strength lightweight wheelchair, detachable arms desk or full length, swing away detachable elevating leg rests (capped rental)
E1088KJ	113.08	High strength lightweight wheelchair, detachable arms desk or full length, swing away detachable elevating leg rests (capped rental)
E1088NU	1,583.09	High strength lightweight wheelchair, detachable arms desk or full length, swing away detachable elevating leg rests (new equipment purchase)
E1088UE	1,187.31	High strength lightweight wheelchair, detachable arms desk or full length, swing away detachable elevating leg rests (used durable medical equipment purchase)
E1089KH, KI	106.91	High strength lightweight wheelchair, fixed length arms, swing away detachable footrest (capped rental)
E1089KJ	80.18	High strength lightweight wheelchair, fixed length arms, swing away detachable footrest (capped rental)
E1089NU	1,122.58	High strength lightweight wheelchair, fixed length arms, swing away detachable footrest (new equipment purchase)
E1089UE	841.93	High strength lightweight wheelchair, fixed length arms, swing away detachable footrest (used durable medical equipment purchase)
E1090KH, KI	106.91	High strength lightweight wheelchair, detachable arms desk or full length, swing away detachable foot rests (capped rental)
E1090KJ	80.18	High strength lightweight wheelchair, detachable arms desk or full length, swing away detachable foot rests (capped rental)
E1090NU	1,122.58	High strength lightweight wheelchair, detachable arms desk or full length, swing away detachable foot rests (new equipment purchase)
E1090UE	841.93	High strength lightweight wheelchair, detachable arms desk or full length, swing away detachable foot rests (used durable medical equipment purchase)
E1092KH, KI	109.23	Wide heavy duty wheel chair, detachable arms (desk or full length),

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Code	Rate	Description
E1092KJ	81.92	swing away detachable elevating leg rests (capped rental) Wide heavy duty wheel chair, detachable arms (desk or full length), swing away detachable elevating leg rests (capped rental)
E1092NU	1,146.92	Wide heavy duty wheel chair, detachable arms (desk or full length), swing away detachable elevating leg rests (new equipment purchase)
E1092UE	860.19	Wide heavy duty wheel chair, detachable arms (desk or full length), swing away detachable elevating leg rests (used durable medical equipment purchase)
E1093KH, KI	93.94	Wide heavy duty wheelchair, detachable arms desk or full length arms, swing away detachable footrests (capped rental)
E1093KJ	70.46	Wide heavy duty wheelchair, detachable arms desk or full length arms, swing away detachable footrests (capped rental)
E1093NU	986.37	Wide heavy duty wheelchair, detachable arms desk or full length arms, swing away detachable footrests (new equipment purchase)
E1093UE	739.78	Wide heavy duty wheelchair, detachable arms desk or full length arms, swing away detachable footrests (used durable medical equipment purchase)
<u>Wheelchair--Semi-Reclining</u>		
E1100KH, KI	83.05	Semi-reclining wheelchair, fixed full length arms, swing away detachable elevating leg rests (capped rental)
E1100KJ	62.29	Semi-reclining wheelchair, fixed full length arms, swing away detachable elevating leg rests (capped rental)
E1100NU	872.00	Semi-reclining wheelchair, fixed full length arms, swing away detachable elevating leg rests (new equipment purchase)
E1100UE	654.00	Semi-reclining wheelchair, fixed full length arms, swing away detachable elevating leg rests (used durable medical equipment)
E1110KH, KI	81.33	Semi-reclining wheelchair, detachable arms (desk or full length) elevating leg rest (capped rental)
E1110KJ	61.00	Semi-reclining wheelchair, detachable arms (desk or full length) elevating leg rest (capped rental)
E1110NU	853.94	Semi-reclining wheelchair, detachable arms (desk or full length) elevating leg rest (new equipment purchase)
E1110UE	640.46	Semi-reclining wheelchair, detachable arms (desk or full length) elevating leg rest (used durable medical equipment purchase)
<u>Wheelchair--Standard</u>		
E1130KH, KI	43.70	Standard wheelchair, fixed full length arms, fixed or swing away detachable footrests (capped rental)
E1130KJ	32.77	Standard wheelchair, fixed full length arms, fixed or swing away detachable footrests (capped rental)
E1130NU	458.81	Standard wheelchair, fixed full length arms, fixed or swing away detachable footrests (new equipment purchase)
E1130UE	344.11	Standard wheelchair, fixed full length arms, fixed or swing away detachable footrests (used durable medical equipment purchase)
E1140KH, KI	43.70	Wheelchair, detachable arms, desk or full length, swing away detachable footrests (capped rental)
E1140KJ	32.77	Wheelchair, detachable arms, desk or full length, swing away detachable footrests (capped rental)
E1140NU	458.81	Wheelchair, detachable arms, desk or full length, swing away detachable footrests (new equipment purchase)
E1140UE	344.11	Wheelchair, detachable arms, desk or full length, swing away

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Code	Rate	Description
		detachable footrests (used durable medical equipment purchase)
E1150KH, KI	65.26	Wheelchair, detachable arms, desk or full length swing away detachable elevating legrests (capped rental)
E1150KJ	48.95	Wheelchair, detachable arms, desk or full length swing away detachable elevating legrests (capped rental)
E1150NU	685.27	Wheelchair, detachable arms, desk or full length swing away detachable elevating legrests (new equipment purchase)
E1150UE	513.95	Wheelchair, detachable arms, desk or full length swing away detachable elevating legrests (used durable medical equipment purchase)
E1160KH, KI	50.00	Wheelchair, fixed full length arms, swing away detachable elevating legrests (capped rental)
E1160KJ	37.50	Wheelchair, fixed full length arms, swing away detachable elevating legrests (capped rental)
E1160NU	525.00	Wheelchair, fixed full length arms, swing away detachable elevating legrests (new equipment purchase)
E1160UE	393.75	Wheelchair, fixed full length arms, swing away detachable elevating legrests (used durable medical equipment purchase)
E1161NU	2,366.09	Manual adult size wheelchair, includes tilt in space (new equipment)
E1161RR	236.61	Manual adult size wheelchair, includes tilt in space (rental)
E1161UE	1,774.57	Manual adult size wheelchair, includes tilt in space (used durable medical equipment)
<u>Wheelchair--Amputee</u>		
E1170KH, KI	89.31	Amputee wheelchair, fixed full length arms, swing away detachable elevating legrests (capped rental)
E1170KJ	66.98	Amputee wheelchair, fixed full length arms, swing away detachable elevating legrests (capped rental)
E1170NU	937.76	Amputee wheelchair, fixed full length arms, swing away detachable elevating legrests (new equipment purchase)
E1170UE	703.32	Amputee wheelchair, fixed full length arms, swing away detachable elevating legrests (used durable medical equipment purchase)
E1171KH, KI	80.15	Amputee wheelchair, fixed full length arms, without footrests or legrest (capped rental)
E1171KJ	60.11	Amputee wheelchair, fixed full length arms, without footrests or legrest (capped rental)
E1171NU	841.58	Amputee wheelchair, fixed full length arms, without footrests or legrest (new equipment purchase)
E1171UE	631.18	Amputee wheelchair, fixed full length arms, without footrests or legrest (used durable medical equipment purchase)
E1172KH, KI	97.95	Amputee wheelchair, detachable arms (desk or full length) without footrests or legrest (capped rental)
E1172KJ	73.46	Amputee wheelchair, detachable arms (desk or full length) without footrests or legrest (capped rental)
E1172NU	1,028.48	Amputee wheelchair, detachable arms (desk or full length) without footrests or legrest (new equipment purchase)
E1172UE	771.36	Amputee wheelchair, detachable arms (desk or full length) without footrests or legrest (used durable medical equipment purchase)
E1180KH, KI	101.34	Amputee wheelchair, detachable arms (desk or full length) swing away detachable footrests (capped rental)
E1180KJ	76.01	Amputee wheelchair, detachable arms (desk or full length) swing away detachable footrests (capped rental)

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Code	Rate	Description
E1180NU	1,064.07	Amputee wheelchair, detachable arms (desk or full length) swing away detachable footrests (new equipment purchase)
E1180UE	798.05	Amputee wheelchair, detachable arms (desk or full length) swing away detachable footrests (used durable medical equipment purchase)
E1190KH, KI	107.92	Amputee wheelchair, detachable arms (desk or full length) swing away detachable elevating legrests (capped rental)
E1190KJ	80.94	Amputee wheelchair, detachable arms (desk or full length) swing away detachable elevating legrests (capped rental)
E1190NU	1,133.16	Amputee wheelchair, detachable arms (desk or full length) swing away detachable elevating legrests (new equipment purchase)
E1190UE	849.87	Amputee wheelchair, detachable arms (desk or full length) swing away detachable elevating legrests (used durable medical equipment purchase)
E1195KH, KI	125.63	Heavy duty wheelchair, fixed full length arms, swing away detachable elevating legrests (capped rental)
E1195KJ	94.22	Heavy duty wheelchair, fixed full length arms, swing away detachable elevating legrests (capped rental)
E1195NU	1,319.12	Heavy duty wheelchair, fixed full length arms, swing away detachable elevating legrests (new equipment purchase)
E1195UE	989.34	Heavy duty wheelchair, fixed full length arms, swing away detachable elevating legrests (used durable medical equipment purchase)
E1200KH, KI	87.01	Amputee wheelchair, fixed full length arms, swing away detachable footrest (capped rental)
E1200KJ	65.26	Amputee wheelchair, fixed full length arms, swing away detachable footrest (capped rental)
E1200NU	913.61	Amputee wheelchair, fixed full length arms, swing away detachable footrest (new equipment purchase)
E1200UE	685.20	Amputee wheelchair, fixed full length arms, swing away detachable footrest (used durable medical equipment purchase)
<u>Wheelchair--Special Size</u>		
E1220KH, KI	331.28	Wheelchair; specially sized or constructed, (indicate brand name, model number, if any) and justification (capped rental)
E1220KJ	248.46	Wheelchair; specially sized or constructed, (indicate brand name, model number, if any) and justification (capped rental)
E1220NU	3,478.43	Wheelchair; specially sized or constructed, (indicate brand name, model number, if any) and justification (new equipment purchase)
E1220UE	2,608.82	Wheelchair; specially sized or constructed, (indicate brand name, model number, if any) and justification (used durable medical equipment purchase)
E1221KH, KI	47.51	Wheelchair with fixed arm, footrests (capped rental)
E1221KJ	35.63	Wheelchair with fixed arm, footrests (capped rental)
E1221NU	498.86	Wheelchair with fixed arm, footrests (new equipment purchase)
E1221UE	374.14	Wheelchair with fixed arm, footrests (used durable medical equipment purchase)
E1222KH, KI	67.79	Wheelchair with fixed arm, elevating legrests (capped rental)
E1222KJ	50.84	Wheelchair with fixed arm, elevating legrests (capped rental)
E1222NU	711.80	Wheelchair with fixed arm, elevating legrests (new equipment purchase)
E1222UE	533.85	Wheelchair with fixed arm, elevating legrests (used durable medical

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Code	Rate	Description
		equipment)
E1223KH, KI	74.02	Wheelchair with detachable arms, footrests (capped rental)
E1223KJ	55.52	Wheelchair with detachable arms, footrests (capped rental)
E1223NU	777.21	Wheelchair with detachable arms, footrests (new equipment purchase)
E1223UE	582.91	Wheelchair with detachable arms, footrests (used durable medical equipment)
E1224KH, KI	81.15	Wheelchair with detachable arms, elevating legrests (capped rental)
E1224KJ	60.86	Wheelchair with detachable arms, elevating legrests(capped rental)
E1224NU	852.08	Wheelchair with detachable arms, elevating legrests (new equipment purchase)
E1224UE	639.06	Wheelchair with detachable arms, elevating legrests (used durable medical equipment)
E1225KH, KI	38.42	Wheelchair accessory, manual semi-reclining back, (recline greater than 15 degrees, but less than 80 degrees), each (capped rental)
E1225KJ	28.82	Wheelchair accessory, manual semi-reclining back, (recline greater than 15 degrees, but less than 80 degrees), each (capped rental)
E1225NU	499.46	Wheelchair accessory, manual semi-reclining back, (recline greater than 15 degrees, but less than 80 degrees), each (new equipment purchase)
E1225UE	374.60	Wheelchair accessory, manual semi-reclining back, (recline greater than 15 degrees, but less than 80 degrees) (used durable medical equipment)
E1226NU	463.80	Wheelchair accessory, manual fully reclining back, (recline greater than 80 degrees), each (new equipment)
E1226RR	47.74	Wheelchair accessory, manual fully reclining back, (recline greater than 80 degrees), each (rental)
E1226UE	347.82	Wheelchair accessory, manual fully reclining back, (recline greater than 80 degrees), each (used durable medical equipment)
E1227NU	235.88	Special height arms for wheelchair (new equipment)
E1227RR	23.59	Special height arms for wheelchair (rental)
E1227UE	176.93	Special height arms for wheelchair (used durable medical equipment)
E1228KH, KI	28.02	Special back height for wheelchair (capped rental)
E1228KJ	21.02	Special back height for wheelchair (capped rental)
E1228NU	294.21	Special back height for wheelchair (new equipment purchase)
E1228UE	220.66	Special back height for wheelchair (used durable medical equipment purchase)
E1229	AAC+35%	Wheelchair, pediatric size, not otherwise specified
E1231NU	AAC+35%	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, with seating system (new equipment)
E1231RR	I.C.	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, with seating system (rental)
E1231UE	I.C.	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, with seating system (used durable medical equipment)
E1232NU	2,138.41	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system (new equipment)
E1232RR	213.85	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system (rental)
E1232UE	1,603.82	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system (used durable medical equipment)

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Code	Rate	Description
E1233NU	2,215.73	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system (new equipment)
E1233RR	221.57	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system (rental)
E1233UE	1,661.79	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system (used durable medical equipment)
E1234NU	1,928.95	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seating system (new equipment)
E1234RR	192.91	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seating system (rental)
E1234UE	1,446.70	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seating system (used durable medical equipment)
E1235NU	1,857.43	Wheelchair, pediatric size, rigid, adjustable, with seating system (new equipment)
E1235RR	185.75	Wheelchair, pediatric size, rigid, adjustable, with seating system (rental)
E1235UE	1,393.07	Wheelchair, pediatric size, rigid, adjustable, with seating system (used durable medical equipment)
E1236NU	1,638.73	Wheelchair, pediatric size, folding, adjustable, with seating system (new equipment)
E1236RR	163.87	Wheelchair, pediatric size, folding, adjustable, with seating system (rental)
E1236UE	1,229.05	Wheelchair, pediatric size, folding, adjustable, with seating system (used durable medical equipment)
E1237NU	1,653.05	Wheelchair, pediatric size, rigid, adjustable, without seating system (new equipment)
E1237RR	165.30	Wheelchair, pediatric size, rigid, adjustable, without seating system (rental)
E1237UE	1,239.80	Wheelchair, pediatric size, rigid, adjustable, without seating system (used durable medical equipment)
E1238NU	1,638.73	Wheelchair, pediatric size, folding, adjustable, without seating system (new equipment)
E1238RR	163.87	Wheelchair, pediatric size, folding, adjustable, without seating system (rental)
E1238UE	1,229.05	Wheelchair, pediatric size, folding, adjustable, without seating system (used durable medical equipment)
E1239	AAC+35%	Power wheelchair, pediatric size, not otherwise specified
<u>Wheelchair--Lightweight</u>		
E1240KH, KI	82.42	Lightweight wheelchair, detachable arms, (desk or full length) swing away detachable, elevating legrest (capped rental)
E1240KJ	61.81	Lightweight wheelchair, detachable arms, (desk or full length) swing away detachable, elevating legrest (capped rental)
E1240NU	865.37	Lightweight wheelchair, detachable arms, (desk or full length) swing away detachable, elevating legrest (new equipment purchase)
E1240UE	649.03	Lightweight wheelchair, detachable arms, (desk or full length) swing away detachable, elevating legrest (used durable medical equipment purchase)
E1250KH, KI	71.67	Lightweight wheelchair, fixed full length arms, swing away detachable footrest (capped rental)
E1250KJ	53.75	Lightweight wheelchair, fixed full length arms, swing away detachable footrest (capped rental)

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Code	Rate	Description
E1250NU	752.56	Lightweight wheelchair, fixed full length arms, swing away detachable footrest (new equipment purchase)
E1250UE	564.42	Lightweight wheelchair, fixed full length arms, swing away detachable footrest (used durable medical equipment purchase)
E1260KH, KI	71.67	Lightweight wheelchair, detachable arms (desk or full length) swing away detachable footrest (capped rental)
E1260KJ	53.75	Lightweight wheelchair, detachable arms (desk or full length) swing away detachable footrest (capped rental)
E1260NU	752.56	Lightweight wheelchair, detachable arms (desk or full length) swing away detachable footrest (new equipment purchase)
E1260UE	564.42	Lightweight wheelchair, detachable arms (desk or full length) swing away detachable footrest (used durable medical equipment purchase)
E1270KH, KI	63.15	Lightweight wheelchair, fixed full length arms, swing away detachable elevating legrests (capped rental)
E1270KJ	47.36	Lightweight wheelchair, fixed full length arms, swing away detachable elevating legrests (capped rental)
E1270NU	663.10	Lightweight wheelchair, fixed full length arms, swing away detachable elevating legrests (new equipment purchase)
E1270UE	497.32	Lightweight wheelchair, fixed full length arms, swing away detachable elevating legrests (used durable medical equipment)
<u>Wheelchair--Heavy-Duty</u>		
E1280KH, KI	105.01	Heavy duty wheelchair, detachable arms (desk or full length) elevating legrests (capped rental)
E1280KJ	78.76	Heavy duty wheelchair, detachable arms (desk or full length) elevating legrests (capped rental)
E1280NU	1,102.58	Heavy duty wheelchair, detachable arms (desk or full length) elevating legrests (new equipment purchase)
E1280UE	826.94	Heavy duty wheelchair, detachable arms (desk or full length) elevating legrests (used durable medical equipment)
E1285KH, KI	100.33	Heavy duty wheelchair, fixed full length arms, swing away detachable footrest (capped rental)
E1285KJ	75.25	Heavy duty wheelchair, fixed full length arms, swing away detachable footrest (capped rental)
E1285NU	1,053.44	Heavy duty wheelchair, fixed full length arms, swing away detachable footrest (new equipment purchase)
E1285UE	790.08	Heavy duty wheelchair, fixed full length arms, swing away detachable footrest (used durable medical equipment)
E1290KH, KI	100.33	Heavy duty wheelchair, detachable arms (desk or full length) swing away detachable footrest (capped rental)
E1290KJ	75.25	Heavy duty wheelchair, detachable arms (desk or full length) swing away detachable footrest (capped rental)
E1290NU	1,053.44	Heavy duty wheelchair, detachable arms (desk or full length) swing away detachable footrest (new equipment purchase)
E1290UE	790.08	Heavy duty wheelchair, detachable arms (desk or full length) swing away detachable footrest (used durable medical equipment)
E1295KH, KI	97.18	Heavy duty wheelchair, fixed full length arms, elevating legrest (capped rental)
E1295KJ	72.88	Heavy duty wheelchair, fixed full length arms, elevating legrest (capped rental)
E1295NU	1,020.35	Heavy duty wheelchair, fixed full length arms, elevating legrest (new

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Code	Rate	Description
		equipment purchase)
E1295UE	765.26	Heavy duty wheelchair, fixed full length arms, elevating legrest (used durable medical equipment purchase)
E1296NU	491.67	Special wheelchair seat height from floor (new equipment)
E1296RR	49.94	Special wheelchair seat height from floor (rental)
E1296UE	368.75	Special wheelchair seat height from floor (used durable medical equipment)
E1297NU	88.92	Special wheelchair seat depth, by upholstery (new equipment)
E1297RR	9.88	Special wheelchair seat depth, by upholstery (rental)
E1297UE	66.68	Special wheelchair seat depth, by upholstery (used durable medical equipment)
E1298NU	360.10	Special wheelchair seat depth and/or width, by construction (new equipment)
E1298RR	36.85	Special wheelchair seat depth and/or width, by construction (rental)
E1298UE	270.07	Special wheelchair seat depth and/or width, by construction (used durable medical equipment)
<u>Whirlpool--Equipment</u>		
E1300	AAC+30%	Whirlpool, portable (overtub type)
E1310NU	1,460.23	Whirlpool, non-portable (built-in type) (new equipment)
E1310RR	124.90	Whirlpool, non-portable (built-in type) (rental)
E1310UE	1,095.18	Whirlpool, non-portable (built-in type) (used durable medical equipment)
<u>Repairs and Replacement Supplies</u>		
E1340RP	9.64	Repair or nonroutine service for durable medical equipment requiring the skill of a technician, labor component, per 15 minutes (repair, excluding RTS providers)
E1340UB	15.93	Repair or nonroutine service for durable medical equipment requiring the skill of a technician, labor component, per 15 minutes (repair, RTS providers only)
<u>Additional Oxygen Related Equipment</u>		
E1353	AAC+30%	Regulator
E1355	5.29	Stand/rack
E1372NU	130.42	Immersion external heater for nebulizer (new equipment)
E1372RR	18.95	Immersion external heater for nebulizer (rental)
E1372UE	96.54	Immersion external heater for nebulizer (used durable medical equipment)
E1390RR	200.41	Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate (rental)
E1391	200.41	Oxygen concentrator, dual delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate, each
E1392RR	32.07	Portable oxygen concentrator, rental
E1399NU	AAC+30%	Durable medical equipment, miscellaneous (new equipment)
E1399RP	AAC+30%	Durable medical equipment, miscellaneous (replacement because of wear and tear, damage, or loss)
E1399U1	AAC+35%	Durable medical equipment miscellaneous (used only for installation of patient lift systems with RE1-RE23)
E1399UC	AAC+35%	Durable medical equipment, miscellaneous (used for pediatric specialized rehabilitation equipment only)
E1405RR	230.22	Oxygen and water vapor enriching system with heated delivery

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Code	Rate	Description
E1406RR	216.52	(rental) Oxygen and water vapor enriching system without heated delivery (rental)
<u>Artificial Kidney Machines and Accessories</u>		
E1500	AAC+30%	Centrifuge, for dialysis
E1510	AAC+30%	Kidney, dialysate delivery system kidney machine, pump recirculating, air removal syst, flowrate meter, power off, heater and temperature control with alarm, i.v.poles, pressure gauge, concentrate container
E1520	AAC+30%	Heparin infusion pump for hemodialysis
E1530	AAC+30%	Air bubble detector for hemodialysis, each, replacement
E1540	AAC+20%	Pressure alarm for hemodialysis, each, replacement
E1550	AAC+20%	Bath conductivity meter for hemodialysis, each
E1560	AAC+20%	Blood leak detector for hemodialysis, each, replacement
E1570	AAC+30%	Adjustable chair, for esrd patients
E1575	AAC+30%	Transducer protectors/fluid barriers, for hemodialysis, any size, per 10
E1580	AAC+20%	Unipuncture control system for hemodialysis
E1590	AAC+30%	Hemodialysis machine
E1592	AAC+30%	Automatic intermittent peritoneal dialysis system
E1594	AAC+30%	Cycler dialysis machine for peritoneal dialysis
E1610	AAC+30%	Reverse osmosis water purification system, for hemodialysis
E1615	AAC+30%	Deionizer water purification system, for hemodialysis
E1620	AAC+30%	Blood pump for hemodialysis, replacement
E1625	AAC+30%	Water softening system, for hemodialysis
E1630	AAC+30%	Reciprocating peritoneal dialysis system
E1632	AAC+30%	Wearable artificial kidney, each
E1634	AAC+30%	Peritoneal dialysis clamps, each
E1635	AAC+30%	Compact (portable) travel hemodialyzer system
E1636	AAC+30%	Sorbent cartridges, for hemodialysis, per 10
E1637	AAC+30%	Hemostats, each
E1638	AAC+30%	Heating pad, for peritoneal dialysis, any size, each
E1639	AAC+30%	Scale, each
E1699	AAC+30%	Dialysis equipment, not otherwise specified
<u>Jaw Motion Rehabilitation System and Accessories</u>		
E1700NU	249.91	Jaw motion rehabilitation system (new equipment)
E1700RR	24.98	Jaw motion rehabilitation system (rental)
E1700UE	187.45	Jaw motion rehabilitation system (used durable medical equipment)
E1701	8.30	Replacement cushions for jaw motion rehabilitation system, pkg. of 6
E1702	18.06	Replacement measuring scales for jaw motion rehabilitation system, pkg. of 200
<u>Other Orthopedic Devices</u>		
E1800KH, KI	83.30	Dynamic adjustable elbow extension/flexion device, includes soft interface material (capped rental)
E1800KJ	62.48	Dynamic adjustable elbow extension/flexion device, includes soft interface material (capped rental)
E1800NU	874.69	Dynamic adjustable elbow extension/flexion device, includes soft interface material (new equipment purchase)
E1800UE	656.02	Dynamic adjustable elbow extension/flexion device, includes soft interface material (used durable medical equipment)
E1801KH, KI	103.20	Static progressive stretch elbow device, extension and/or flexion,

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Code	Rate	Description
		with or without range of motion adjustment, includes all components and accessories (capped rental)
E1801KJ	77.40	Static progressive stretch elbow device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories (capped rental)
E1801NU	1,083.60	Static progressive stretch elbow device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories (new equipment purchase)
E1801UE	812.70	Static progressive stretch elbow device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories (used durable medical equipment)
E1802KH, KI	261.44	Dynamic adjustable forearm pronation/supination device, includes soft interface material (capped rental)
E1802KJ	196.08	Dynamic adjustable forearm pronation/supination device, includes soft interface material (capped rental)
E1802NU	2,745.12	Dynamic adjustable forearm pronation/supination device, includes soft interface material (new equipment purchase)
E1802UE	2,058.84	Dynamic adjustable forearm pronation/supination device, includes soft interface material (used durable medical equipment)
E1805KH, KI	101.07	Dynamic adjustable wrist extension/flexion device, includes soft interface material (capped rental)
E1805KJ	75.80	Dynamic adjustable wrist extension/flexion device, includes soft interface material (capped rental)
E1805NU	1,061.26	Dynamic adjustable wrist extension/flexion device, includes soft interface material (new equipment purchase)
E1805UE	795.94	Dynamic adjustable wrist extension/flexion device, includes soft interface material (used durable medical equipment purchase)
E1806KH, KI	84.73	Static progressive stretch wrist device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories (capped rental)
E1806KJ	63.55	Static progressive stretch wrist device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories (capped rental)
E1806NU	889.64	Static progressive stretch wrist device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories (new equipment purchase)
E1806UE	667.23	Static progressive stretch wrist device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories (used durable medical equipment purchase)
E1810KH, KI	84.71	Dynamic adjustable knee extension/flexion device, includes soft interface material (capped rental)
E1810KJ	63.53	Dynamic adjustable knee extension/flexion device, includes soft interface material (capped rental)
E1810NU	889.48	Dynamic adjustable knee extension/flexion device, includes soft interface material (new equipment purchase)
E1810UE	667.11	Dynamic adjustable knee extension/flexion device, includes soft interface material (used durable medical equipment)
E1811KH, KI	107.30	Static progressive stretch knee device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories (capped rental)
E1811KJ	80.47	Static progressive stretch knee device, extension and/or flexion, with

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Code	Rate	Description
		or without range of motion adjustment, includes all components and accessories (capped rental)
E1811NU	1,126.61	Static progressive stretch knee device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories (new equipment purchase)
E1811UE	844.96	Static progressive stretch knee device, extension and/or flexion, or without with range of motion adjustment, includes all components and accessories (used durable medical equipment)
E1812KH, KI	68.79	Dynamic knee, extension/flexion device with active resistance control (capped rental)
E1812KJ	51.59	Dynamic knee, extension/flexion device with active resistance control (capped rental)
E1812NU	722.32	Dynamic knee, extension/flexion device with active resistance control (new equipment purchase)
E1812UE	541.74	Dynamic knee, extension/flexion device with active resistance control (used durable medical equipment purchase)
E1815KH, KI	101.07	Dynamic adjustable ankle extension/flexion device, includes soft interface material (capped rental)
E1815KJ	75.80	Dynamic adjustable ankle extension/flexion device, includes soft interface material (capped rental)
E1815NU	1,061.26	Dynamic adjustable ankle extension/flexion device, includes soft interface material (new equipment purchase)
E1815UE	795.94	Dynamic adjustable ankle extension/flexion device, includes soft interface material (used durable medical equipment)
E1816KH, KI	108.99	Static progressive stretch ankle device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories (capped rental)
E1816KJ	81.74	Static progressive stretch ankle device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories (capped rental)
E1816NU	1,144.42	Static progressive stretch ankle device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories (new equipment purchase)
E1816UE	858.31	Static progressive stretch ankle device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories (used durable medical equipment)
E1818KH, KI	111.27	Static progressive stretch forearm pronation/supination device with or without range of motion adjustment, includes cuffs (capped rental)
E1818KJ	83.45	Static progressive stretch forearm pronation/supination device with or without range of motion adjustment, includes all components and accessories (capped rental)
E1818NU	1,168.36	Static progressive stretch forearm pronation/supination device with or without range of motion adjustment, includes all components and accessories (new equipment purchase)
E1818UE	876.27	Static progressive stretch forearm pronation/supination device with or without range of motion adjustment, includes all components and accessories (used durable medical equipment)
E1820NU	65.39	Replacement soft interface material, dynamic adjustable extension/flexion device (new equipment)
E1820RR	6.54	Replacement soft interface material, dynamic adjustable extension/flexion device (rental)

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Code	Rate	Description
E1820UE	49.05	Replacement soft interface material, dynamic adjustable extension/flexion device (used durable medical equipment)
E1821NU	84.20	Replacement soft interface material/cuffs for bi-directional static progressive stretch device (new equipment)
E1821RR	8.41	Replacement soft interface material/cuffs for bi-directional static progressive stretch device (rental)
E1821UE	63.16	Replacement soft interface material/cuffs for bi-directional static progressive stretch device (used durable medical equipment)
E1825KH, KI	101.07	Dynamic adjustable finger extension/flexion device, includes soft interface material (capped rental)
E1825KJ	75.80	Dynamic adjustable finger extension/flexion device, includes soft interface material (capped rental)
E1825NU	1,061.26	Dynamic adjustable finger extension/flexion device, includes soft interface material (new equipment purchase)
E1825UE	795.94	Dynamic adjustable finger extension/flexion device, includes soft interface material (used durable medical equipment purchase)
E1830KH, KI	101.07	Dynamic adjustable toe extension/flexion device, includes soft interface material (capped rental)
E1830KJ	75.80	Dynamic adjustable toe extension/flexion device, includes soft interface material (capped rental)
E1830NU	1,061.26	Dynamic adjustable toe extension/flexion device, includes soft interface material (new equipment purchase)
E1830UE	795.94	Dynamic adjustable toe extension/flexion device, includes soft interface material (used durable medical equipment purchase)
E1840KH, KI	306.17	Dynamic adjustable shoulder flexion/abduction/rotation device, includes soft interface material (capped rental)
E1840KJ	229.63	Dynamic adjustable shoulder flexion/abduction/rotation device, includes soft interface material (capped rental)
E1840NU	3,214.76	Dynamic adjustable shoulder flexion/abduction/rotation device, includes soft interface material (new equipment purchase)
E1840UE	2,411.07	Dynamic adjustable shoulder flexion/abduction/rotation device, includes soft interface material (used durable medical equipment purchase)
E1841KH, KI	362.40	Static progressive stretch shoulder device, with or without range of motion adjustment, includes all components and accessories (capped rental)
E1841KJ	271.80	Static progressive stretch shoulder device, with or without range of motion adjustment, includes all components and accessories (capped rental)
E1841NU	3,805.20	Static progressive stretch shoulder device, with or without range of motion adjustment, includes all components and accessories (new equipment purchase)
E1841UE	2,853.90	Static progressive stretch shoulder device, with range of motion adjustment, includes all components and accessories (used durable medical equipment purchase)
E1902	AAC+30%	Communication board, non-electronic augmentative or alternative communication device
E2000KH, KI	41.46	Gastric suction pump, home model, portable or stationary, electric (capped rental)
E2000KJ	31.10	Gastric suction pump, home model, portable or stationary, electric (capped rental)

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Code	Rate	Description
E2000NU	435.37	Gastric suction pump, home model, portable or stationary, electric (new equipment purchase)
E2000UE	326.53	Gastric suction pump, home model, portable or stationary, electric (used durable medical equipment purchase)
E2100NU	643.19	Blood glucose monitor with integrated voice synthesizer (new equipment purchase)
E2100RR	64.32	Blood glucose monitor with integrated voice synthesizer (rental)
E2100UE	482.40	Blood glucose monitor with integrated voice synthesizer (used durable medical equipment)
E2101NU	188.56	Blood glucose monitor with integrated lancing/blood sample (new equipment)
E2101RR	18.86	Blood glucose monitor with integrated lancing/blood sample (rental)
E2101UE	141.42	Blood glucose monitor with integrated lancing/blood sample (used durable medical equipment)
E2120KH, KI	226.82	Pulse generator system for tympanic treatment of inner ear endolymphatic fluid (capped rental)
E2120KJ	170.11	Pulse generator system for tympanic treatment of inner ear endolymphatic fluid (capped rental)
E2120NU	2,381.57	Pulse generator system for tympanic treatment of inner ear endolymphatic fluid (new equipment purchase)
E2120UE	1,786.18	Pulse generator system for tympanic treatment of inner ear endolymphatic fluid (used durable medical equipment)
E2201NU	373.10	Manual wheelchair accessory, nonstandard seat frame width, greater than or equal to 20 inches but less than 24 inches (new equipment)
E2201RR	37.31	Manual wheelchair accessory, nonstandard seat frame width, greater than or equal to 20 inches but less than 24 inches (rental)
E2201UE	279.83	Manual wheelchair accessory, nonstandard seat frame width, greater than or equal to 20 inches but less than 24 inches (used durable medical equipment)
E2202NU	473.98	Manual wheelchair accessory, nonstandard seat frame width, 24-27 inches (new equipment)
E2202RR	47.40	Manual wheelchair accessory, nonstandard seat frame width, 24-27 inches (rental)
E2202UE	355.50	Manual wheelchair accessory, nonstandard seat frame width, 24-27 inches (used durable medical equipment)
E2203NU	479.05	Manual wheelchair accessory, nonstandard seat frame depth, greater than or equal to 20 inches but less than 22 inches (new equipment)
E2203RR	47.89	Manual wheelchair accessory, nonstandard seat frame depth, greater than or equal to 20 inches but less than 22 inches (rental)
E2203UE	359.28	Manual wheelchair accessory, nonstandard seat frame depth, greater than or equal to 20 inches but less than 22 inches (used durable medical equipment)
E2204NU	813.40	Manual wheelchair accessory, nonstandard seat frame depth, 22 - 25 inches (new equipment)
E2204RR	81.35	Manual wheelchair accessory, nonstandard seat frame depth, 22 - 25 inches (rental)
E2204UE	610.05	Manual wheelchair accessory, nonstandard seat frame depth, 22 - 25 inches (used durable medical equipment)
E2205NU	32.67	Manual wheelchair accessory, handrim without projections (includes ergonomic or contoured), any type, replacement only, each (new

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Code	Rate	Description
		equipment)
E2205RR	3.25	Manual wheelchair accessory, handrim without projections (includes ergonomic or contoured), any type, replacement only, each (rental)
E2205UE	24.52	Manual wheelchair accessory, handrim without projections (includes ergonomic or contoured), any type, replacement only, each (used durable medical equipment)
E2206NU	40.68	Manual wheelchair accessory, wheel lock assembly, complete, each (new equipment)
E2206RR	4.06	Manual wheelchair accessory, wheel lock assembly, complete, each (rental)
E2206UE	30.50	Manual wheelchair accessory, wheel lock assembly, complete, each (used durable medical equipment)
E2207NU	34.04	Wheelchair accessory, crutch and cane holder, each (new equipment)
E2207RR	3.40	Wheelchair accessory, crutch and cane holder, each (rental)
E2207UE	25.80	Wheelchair accessory, crutch and cane holder, each (used durable medical equipment)
E2208NU	95.02	Wheelchair accessory, cylinder tank carrier, each (new equipment)
E2208RR	9.50	Wheelchair accessory, cylinder tank carrier, each (rental)
E2208UE	71.27	Wheelchair accessory, cylinder tank carrier, each (used durable medical equipment)
E2209NU	107.16	Accessory, arm trough, with or without hand support, each (new equipment)
E2209RR	10.74	Accessory, with or without hand support, arm trough, each (rental)
E2209UE	80.38	Accessory, arm trough, with or without hand support, each (used durable medical equipment)
E2210NU	6.55	Wheelchair accessory, bearings, any type, replacement only, each (new equipment)
E2210RR	0.56	Wheelchair accessory, bearings, any type, replacement only, each (rental)
E2210UE	4.92	Wheelchair accessory, bearings, any type, replacement only, each (used durable medical equipment)
E2211NU	40.91	Manual wheelchair accessory, pneumatic propulsion tire, any size, each (new equipment)
E2211RR	3.96	Manual wheelchair accessory, pneumatic propulsion tire, any size, each (rental)
E2211UE	29.30	Manual wheelchair accessory, pneumatic propulsion tire, any size, each (used durable medical equipment)
E2212NU	5.88	Manual wheelchair accessory, tube for pneumatic propulsion tire, any size, each (new equipment)
E2212RR	0.61	Manual wheelchair accessory, tube for pneumatic propulsion tire, any size, each (rental)
E2212UE	4.42	Manual wheelchair accessory, tube for pneumatic propulsion tire, any size, each (used durable medical equipment)
E2213NU	30.41	Manual wheelchair accessory, insert for pneumatic propulsion tire (removable), any type, any size, each (new equipment)
E2213RR	3.05	Manual wheelchair accessory, insert for pneumatic propulsion tire (removable), any type, any size, each (rental)
E2213UE	22.79	Manual wheelchair accessory, insert for pneumatic propulsion tire (removable), any type, any size, each (used durable medical equipment)
E2214NU	36.00	Manual wheelchair accessory, pneumatic caster tire, any size, each (new equipment)
E2214RR	3.96	Manual wheelchair accessory, pneumatic caster tire, any size, each (rental)
E2214UE	26.99	Manual wheelchair accessory, pneumatic caster tire, any size, each (used durable medical equipment)
E2215NU	9.60	Manual wheelchair accessory, tube for pneumatic caster tire, any size, each (new equipment)

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Code	Rate	Description
E2215RR	0.95	Manual wheelchair accessory, tube for pneumatic caster tire, any size, each (rental)
E2215UE	7.18	Manual wheelchair accessory, tube for pneumatic caster tire, any size, each (used durable medical equipment)
E2216NU	AAC+30%	Manual wheelchair accessory, foam filled propulsion tire, any size, each (new equipment)
E2216RR	I.C.	Manual wheelchair accessory, foam filled propulsion tire, any size, each (rental)
E2216UE	I.C.	Manual wheelchair accessory, foam filled propulsion tire, any size, each (used durable medical equipment)
E2217NU	AAC+30%	Manual wheelchair accessory, foam filled caster tire, any size, each (new equipment)
E2217RR	I.C.	Manual wheelchair accessory, foam filled caster tire, any size, each (rental)
E2217UE	I.C.	Manual wheelchair accessory, foam filled caster tire, any size, each (used durable medical equipment)
E2218NU	AAC+30%	Manual wheelchair accessory, foam propulsion tire, any size, each (new equipment)
E2218RR	I.C.	Manual wheelchair accessory, foam propulsion tire, any size, each (rental)
E2218UE	I.C.	Manual wheelchair accessory, foam propulsion tire, any size, each (used durable medical equipment)
E2219NU	40.31	Manual wheelchair accessory, foam caster tire, any size, each (new equipment)
E2219RR	4.01	Manual wheelchair accessory, foam caster tire, any size, each (rental)
E2219UE	30.24	Manual wheelchair accessory, foam caster tire, any size, each (used durable medical equipment)
E2220NU	28.52	Manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any size, each (new equipment)
E2220RR	2.75	Manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any size, each (rental)
E2220UE	21.81	Manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any size, each (used durable medical equipment)
E2221NU	25.55	Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, each (new equipment)
E2221RR	2.58	Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, each (rental)
E2221UE	19.18	Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, each (used durable medical equipment)
E2222NU	21.06	Manual wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, each (new equipment)
E2222RR	2.09	Manual wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, each (rental)
E2222UE	15.81	Manual wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, each (used durable medical equipment)
E2223NU	5.61	Manual wheelchair accessory, valve, any type, replacement only, each (new equipment)
E2223RR	0.56	Manual wheelchair accessory, valve, any type, replacement only, each (rental)
E2223UE	4.21	Manual wheelchair accessory, valve, any type, replacement only, each (used durable medical equipment)
E2224NU	98.06	Manual wheelchair accessory, propulsion wheel excludes tire, any size, each (new equipment)
E2224RR	10.29	Manual wheelchair accessory, propulsion wheel excludes tire, any size, each (rental)
E2224UE	73.55	Manual wheelchair accessory, propulsion wheel excludes tire, any size, each (used durable medical equipment)
E2225NU	17.40	Manual wheelchair accessory, caster wheel excludes tire, any size,

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Code	Rate	Description
		replacement only, each (new equipment)
E2225RR	1.74	Manual wheelchair accessory, caster wheel excludes tire, any size, replacement only, each (rental)
E2225UE	13.04	Manual wheelchair accessory, caster wheel excludes tire, any size, replacement only, each (used durable medical equipment)
E2226NU	37.94	Manual wheelchair accessory, caster fork, any size, replacement only, each (new equipment)
E2226RR	3.79	Manual wheelchair accessory, caster fork, any size, replacement only, each (rental)
E2226UE	28.46	Manual wheelchair accessory, caster fork, any size, replacement only, each (used durable medical equipment)
E2227	AAC+35%	Manual wheelchair accessory, gear reduction drive wheel, each
E2228	AAC+35%	Manual wheelchair accessory, wheel braking system and lock, complete, each
E2291	AAC+35%	Back, planar, for pediatric size wheelchair including fixed attaching hardware
E2292	AAC+35%	Seat, planar, for pediatric size wheelchair including fixed attaching hardware
E2293	AAC+35%	Back, contoured, for pediatric size wheelchair including fixed attaching hardware
E2294	AAC+35%	Seat, contoured, for pediatric size wheelchair including fixed attaching hardware
E2300	AAC+35%	Power wheelchair accessory, power seat elevation system
E2301	AAC+35%	Power wheelchair accessory, power standing system
E2310NU	1,170.24	Power wheelchair accessory, electronic connection between wheelchair controller and one power seating system motor, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware (new equipment)
E2310RR	117.02	Power wheelchair accessory, electronic connection between wheelchair controller and one power seating system motor, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware (rental)
E2310UE	877.68	Power wheelchair accessory, electronic connection between wheelchair controller and one power seating system motor, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware (used durable medical equipment)
E2311NU	2,369.20	Power wheelchair accessory, electronic connection between wheelchair controller and two or more power seating system motors, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware (new equipment)
E2311RR	236.93	Power wheelchair accessory, electronic connection between wheelchair controller and two or more power seating system motors, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware (rental)
E2311UE	1,776.90	Power wheelchair accessory, electronic connection between wheelchair controller and two or more power seating system motors, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware (used durable medical equipment)
E2312NU	1,939.18	Power wheelchair accessory, hand or chin control, interface, mini-

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Code	Rate	Description
		proportional remote joystick, proportional, including fixed mounting hardware (new equipment)
E2312RR	193.92	Power wheelchair accessory, hand or chin control, interface, mini-proportional remote joystick, proportional, including fixed mounting hardware (rental)
E2312UE	1,454.36	Power wheelchair accessory, hand or chin control, interface, mini-proportional remote joystick, proportional, including fixed mounting hardware (used durable medical equipment)
E2312NUKC	2,473.18	Power wheelchair accessory, hand or chin control, interface, mini-proportional remote joystick, proportional, including fixed mounting hardware (new equipment) (replacement of special power wheelchair interface)
E2312RRKC	247.32	Power wheelchair accessory, hand or chin control, interface, mini-proportional remote joystick, proportional, including fixed mounting hardware (rental) (replacement of special power wheelchair interface)
E2312UEKC	1,854.88	Power wheelchair accessory, hand or chin control, interface, mini-proportional remote joystick, proportional, including fixed mounting hardware (used durable medical equipment) (replacement of special power wheelchair interface)
E2313NU	307.93	Power wheelchair accessory, harness for upgrade to expandable controller, including all fasteners, connectors and mounting hardware, each (new equipment)
E2313RR	30.81	Power wheelchair accessory, harness for upgrade to expandable controller, including all fasteners, connectors and mounting hardware, each (rental)
E2313UE	230.95	Power wheelchair accessory, harness for upgrade to expandable controller, including all fasteners, connectors and mounting hardware, each (used durable medical equipment)
E2321NU	1,589.10	Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware (new equipment)
E2321RR	158.92	Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware (rental)
E2321UE	1,191.84	Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware (used durable medical equipment)
E2321NUKC	2,231.00	Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware (new equipment) (replacement of special power wheelchair interface)
E2321RRKC	223.10	Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware (rental) (replacement of special power wheelchair interface)
E2321UEKC	1,673.25	Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware (used durable medical equipment) (replacement of special power wheelchair interface)

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Code	Rate	Description
E2322NU	1,410.36	Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware (new equipment)
E2322RR	141.03	Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware (rental)
E2322UE	1,057.78	Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware (used durable medical equipment)
E2322NUKC	2,362.59	Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware (new equipment) (replacement of special power wheelchair interface)
E2322RRKC	236.26	Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware (rental) (replacement of special power wheelchair interface)
E2322UEKC	1,771.94	Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware (used durable medical equipment) (replacement of special power wheelchair interface)
E2323NU	69.16	Power wheelchair accessory, specialty joystick handle for hand control interface, prefabricated (new equipment)
E2323RR	6.92	Power wheelchair accessory, specialty joystick handle for hand control interface, prefabricated (rental)
E2323UE	51.87	Power wheelchair accessory, specialty joystick handle for hand control interface, prefabricated (used durable medical equipment)
E2324NU	43.82	Power wheelchair accessory, chin cup for chin control interface (new equipment)
E2324RR	4.37	Power wheelchair accessory, chin cup for chin control interface (rental)
E2324UE	32.87	Power wheelchair accessory, chin cup for chin control interface (used durable medical equipment)
E2325NU	1,346.83	Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual swingaway mounting hardware (new equipment)
E2325RR	134.70	Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual swingaway mounting hardware (rental)
E2325UE	1,010.13	Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual swingaway mounting hardware (used durable medical equipment)
E2326NU	347.14	Power wheelchair accessory, breath tube kit for sip and puff interface (new equipment)
E2326RR	34.73	Power wheelchair accessory, breath tube kit for sip and puff interface (rental)
E2326UE	260.34	Power wheelchair accessory, breath tube kit for sip and puff interface

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Code	Rate	Description
		(used durable medical equipment)
E2327NU	2,612.38	Power wheelchair accessory, head control interface, mechanical proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware (new equipment)
E2327RR	261.24	Power wheelchair accessory, head control interface, mechanical proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware (rental)
E2327UE	1,959.28	Power wheelchair accessory, head control interface, mechanical proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware (used durable medical equipment)
E2327NUKC	3,420.77	Power wheelchair accessory, head control interface, mechanical proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware (new equipment)
E2327RRKC	342.08	(replacement of special power wheelchair interface) Power wheelchair accessory, head control interface, mechanical proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware (rental) (replacement of special power wheelchair interface)
E2327UEKC	2,565.57	Power wheelchair accessory, head control interface, mechanical proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware (used durable medical equipment) (replacement of special power wheelchair interface)
E2328NU	4,955.32	Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics, and fixed mounting hardware (new equipment)
E2328RR	495.52	Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics, and fixed mounting hardware (rental)
E2328UE	3,716.50	Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics, and fixed mounting hardware (used durable medical equipment)
E2329NU	1,766.13	Power wheelchair accessory, head control interface, contact switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware (new equipment)
E2329RR	176.61	Power wheelchair accessory, head control interface, contact switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware (rental)
E2329UE	1,324.60	Power wheelchair accessory, head control interface, contact switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware (used durable medical equipment)
E2330NU	3,422.09	Power wheelchair accessory, head control interface, proximity switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware (new equipment)
E2330RR	342.20	Power wheelchair accessory, head control interface, proximity switch mechanism, nonproportional, including all related electronics,

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Code	Rate	Description
E2330UE	2,566.58	mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware (rental) Power wheelchair accessory, head control interface, proximity switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware (used durable medical equipment)
E2331NU	AAC+35%	Power wheelchair accessory, attendant control, proportional, including all related electronics and fixed mounting hardware (new equipment)
E2331RR	IC	Power wheelchair accessory, attendant control, proportional, including all related electronics and fixed mounting hardware (rental)
E2331UE	IC	Power wheelchair accessory, attendant control, proportional, including all related electronics and fixed mounting hardware (used durable medical equipment)
E2340NU	358.36	Power wheelchair accessory, nonstandard seat frame width, 20-23 inches (new equipment)
E2340RR	35.85	Power wheelchair accessory, nonstandard seat frame width, 20-23 inches (rental)
E2340UE	268.79	Power wheelchair accessory, nonstandard seat frame width, 20-23 inches (used durable medical equipment)
E2341NU	537.58	Power wheelchair accessory, nonstandard seat frame width, 24-27 inches (new equipment)
E2341RR	53.76	Power wheelchair accessory, nonstandard seat frame width, 24-27 inches (rental)
E2341UE	403.19	Power wheelchair accessory, nonstandard seat frame width, 24-27 inches (used durable medical equipment)
E2342NU	447.98	Power wheelchair accessory, nonstandard seat frame depth, 20-21 inches (new equipment)
E2342RR	44.80	Power wheelchair accessory, nonstandard seat frame depth, 20-21 inches (rental)
E2342UE	335.99	Power wheelchair accessory, nonstandard seat frame depth, 20-21 inches (used durable medical equipment)
E2343NU	716.78	Power wheelchair accessory, nonstandard seat frame depth, 22-25 inches (new equipment)
E2343RR	71.67	Power wheelchair accessory, nonstandard seat frame depth, 22-25 inches (rental)
E2343UE	537.58	Power wheelchair accessory, nonstandard seat frame depth, 22-25 inches (used durable medical equipment)
E2351NU	698.63	Power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair control interface (new equipment)
E2351RR	69.88	Power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair control interface (rental)
E2351UE	523.96	Power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair control interface (used durable medical equipment)
E2360NU	112.34	Power wheelchair accessory, 22 NF non-sealed lead acid battery, each (new equipment)
E2360RR	11.29	Power wheelchair accessory, 22 NF non-sealed lead acid battery, each (rental)

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Code	Rate	Description
E2360UE	84.26	Power wheelchair accessory, 22 NF non-sealed lead acid battery, each (used durable medical equipment)
E2361NU	139.47	Power wheelchair accessory, 22 NF sealed lead acid battery, each, (e.g. gel cell, absorbed glassmat) (new equipment)
E2361RR	13.95	Power wheelchair accessory, 22 NFsealed lead acid battery, each, (e.g. gel cell, absorbed glassmat) (rental)
E2361UE	104.62	Power wheelchair accessory, 22 NF sealed lead acid battery, each, (e.g. gel cell, absorbed glassmat) (used durable medical equipment)
E2362NU	91.98	Power wheelchair accessory, group 24 non-sealed lead acid battery, each (new equipment)
E2362RR	9.20	Power wheelchair accessory, group 24 non-sealed lead acid battery, each (rental)
E2362UE	68.98	Power wheelchair accessory, group 24 non-sealed lead acid battery, each (used durable medical equipment)
E2363NU	186.00	Power wheelchair accessory, group 24 sealed lead acid battery, each (e.g. gel cell, absorbed glassmat) (new equipment)
E2363RR	18.61	Power wheelchair accessory, group 24 sealed lead acid battery, each (e.g. gel cell, absorbed glassmat) (rental)
E2363UE	139.50	Power wheelchair accessory, group 24 sealed lead acid battery, each (e.g. gel cell, absorbed glassmat) (used durable medical equipment)
E2364NU	112.34	Power wheelchair accessory, u-1 non-sealed lead acid battery, each (new equipment)
E2364RR	11.29	Power wheelchair accessory, u-1 non-sealed lead acid battery, each (rental)
E2364UE	84.26	Power wheelchair accessory, u-1 non-sealed lead acid battery, each (used durable medical equipment)
E2365NU	112.17	Power wheelchair accessory, u-1 sealed lead acid battery, each (e.g. gel cell, absorbed glassmat) (new equipment)
E2365RR	11.22	Power wheelchair accessory, u-1 sealed lead acid battery, each (e.g. gel cell, absorbed glassmat) (rental)
E2365UE	84.15	Power wheelchair accessory, u-1 sealed lead acid battery, each (e.g. gel cell, absorbed glassmat) (used durable medical equipment)
E2366NU	263.62	Power wheelchair accessory, battery charger, single mode, for use with only one battery type, sealed or non-sealed, each (new equipment)
E2366RR	26.43	Power wheelchair accessory, battery charger, single mode, for use with only one battery type, sealed or non-sealed, each (rental)
E2366UE	197.72	Power wheelchair accessory, battery charger, single mode, for use with only one battery type, sealed or non-sealed, each (used durable medical equipment)
E2367NU	419.08	Power wheelchair accessory, battery charger, dual mode, for use with either battery type, sealed or non-sealed, each (new equipment)
E2367RR	41.91	Power wheelchair accessory, battery charger, dual mode, for use with either battery type, sealed or non-sealed, each (rental)
E2367UE	314.31	Power wheelchair accessory, battery charger, dual mode, for use with either battery type, sealed or non-sealed, each (used durable medical equipment)
E2368NU	516.57	Power wheelchair component, motor, replacement only (new equipment)
E2368RR	51.67	Power wheelchair component, motor, replacement only (rental)

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Code	Rate	Description
E2368UE	387.44	Power wheelchair component, motor, replacement only (used durable medical equipment)
E2369NU	449.94	Power wheelchair component, gear box, replacement only (new equipment)
E2369RR	45.00	Power wheelchair component, gear box, replacement only (rental)
E2369UE	337.45	Power wheelchair component, gear box, replacement only (used durable medical equipment)
E2370NU	802.84	Power wheelchair component, motor and gear box combination, replacement only (new equipment)
E2370RR	80.29	Power wheelchair component, motor and gear box combination, replacement only (rental)
E2370UE	602.12	Power wheelchair component, motor and gear box combination, replacement only (used durable medical equipment)
E2371NU	150.74	Power wheelchair accessory, group 27 sealed lead acid battery, (e.g., gel cell, absorbed glassmat), each (new equipment)
E2371RR	15.08	Power wheelchair accessory, group 27 sealed lead acid battery, (e.g., gel cell, absorbed glassmat), each (rental)
E2371UE	113.06	Power wheelchair accessory, group 27 sealed lead acid battery, (e.g., gel cell, absorbed glassmat), each (used durable medical equipment)
E2372	AAC+35%	Power wheelchair accessory, group 27 nonsealed lead acid battery, each
E2373NU	1,209.93	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware (new equipment)
E2373RR	121.00	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware (rental)
E2373UE	907.47	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware (used durable medical equipment)
E2374NU	534.02	Power wheelchair accessory, hand or chin control interface, standard remote joystick (not including controller), proportional, including all related electronics and fixed mounting hardware, replacement only (new equipment)
E2374RR	53.40	Power wheelchair accessory, hand or chin control interface, standard remote joystick (not including controller), proportional, including all related electronics and fixed mounting hardware, replacement only (rental)
E2374UE	400.53	Power wheelchair accessory, hand or chin control interface, standard remote joystick (not including controller), proportional, including all related electronics and fixed mounting hardware, replacement only (used durable medical equipment)
E2375NU	856.56	Power wheelchair accessory, non-expandable controller, including all related electronics and mounting hardware, replacement only (new equipment)
E2375RR	85.65	Power wheelchair accessory, non-expandable controller, including all related electronics and mounting hardware, replacement only (rental)
E2375UE	642.40	Power wheelchair accessory, non-expandable controller, including all related electronics and mounting hardware, replacement only (used durable medical equipment)

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Code	Rate	Description
E2376NU	1,342.27	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, replacement only (new equipment)
E2376RR	134.23	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, replacement only (rental)
E2376UE	1,006.72	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, replacement only (used durable medical equipment)
E2377NU	485.71	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, upgrade provided at initial issue (new equipment)
E2377RR	48.56	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, upgrade provided at initial issue (rental)
E2377UE	364.30	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, upgrade provided at initial issue (used durable medical equipment)
E2381NU	76.18	Power wheelchair accessory, pneumatic drive wheel tire, any size, replacement only, each (new equipment)
E2381RR	7.63	Power wheelchair accessory, pneumatic drive wheel tire, any size, replacement only, each (rental)
E2381UE	57.14	Power wheelchair accessory, pneumatic drive wheel tire, any size, replacement only, each (used durable medical equipment)
E2382NU	20.77	Power wheelchair accessory, tube for pneumatic drive wheel tire, any size, replacement only, each (new equipment)
E2382RR	2.07	Power wheelchair accessory, tube for pneumatic drive wheel tire, any size, replacement only, each (rental)
E2382UE	15.57	Power wheelchair accessory, tube for pneumatic drive wheel tire, any size, replacement only, each (used durable medical equipment)
E2383NU	151.88	Power wheelchair accessory, insert for pneumatic drive wheel tire (removable), any type, any size, replacement only, each (new equipment)
E2383RR	15.19	Power wheelchair accessory, insert for pneumatic drive wheel tire (removable), any type, any size, replacement only, each (rental)
E2383UE	113.91	Power wheelchair accessory, insert for pneumatic drive wheel tire (removable), any type, any size, replacement only, each (used durable medical equipment)
E2384NU	80.91	Power wheelchair accessory, pneumatic caster tire, any size, replacement only, each (new equipment)
E2384RR	8.11	Power wheelchair accessory, pneumatic caster tire, any size, replacement only, each (rental)
E2384UE	60.68	Power wheelchair accessory, pneumatic caster tire, any size, replacement only, each (used durable medical equipment)
E2385NU	49.50	Power wheelchair accessory, tube for pneumatic caster tire, any size, replacement only, each (new equipment)
E2385RR	4.96	Power wheelchair accessory, tube for pneumatic caster tire, any size, replacement only, each (rental)
E2385UE	37.11	Power wheelchair accessory, tube for pneumatic caster tire, any size, replacement only, each (used durable medical equipment)
E2386NU	150.51	Power wheelchair accessory, foam filled drive wheel tire, any size, replacement only, each (new equipment)

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Code	Rate	Description
E2386RR	15.05	Power wheelchair accessory, foam filled drive wheel tire, any size, replacement only, each (rental)
E2386UE	112.87	Power wheelchair accessory, foam filled drive wheel tire, any size, replacement only, each (used durable medical equipment)
E2387NU	67.49	Power wheelchair accessory, foam filled caster tire, any size, replacement only, each (new equipment)
E2387RR	6.75	Power wheelchair accessory, foam filled caster tire, any size, replacement only, each (rental)
E2387UE	50.65	Power wheelchair accessory, foam filled caster tire, any size, replacement only, each (used durable medical equipment)
E2388NU	50.39	Power wheelchair accessory, foam drive wheel tire, any size, replacement only, each (new equipment)
E2388RR	5.04	Power wheelchair accessory, foam drive wheel tire, any size, replacement only, each (rental)
E2388UE	37.80	Power wheelchair accessory, foam drive wheel tire, any size, replacement only, each (used durable medical equipment)
E2389NU	27.36	Power wheelchair accessory, foam caster tire, any size, replacement only, each (new equipment)
E2389RR	2.74	Power wheelchair accessory, foam caster tire, any size, replacement only, each (rental)
E2389UE	20.51	Power wheelchair accessory, foam caster tire, any size, replacement only, each (used durable medical equipment)
E2390NU	42.79	Power wheelchair accessory, solid (rubber/plastic) drive wheel tire, any size, replacement only, each (new equipment)
E2390RR	4.28	Power wheelchair accessory, solid (rubber/plastic) drive wheel tire, any size, replacement only, each (rental)
E2390UE	32.07	Power wheelchair accessory, solid (rubber/plastic) drive wheel tire, any size, replacement only, each (used durable medical equipment)
E2391NU	20.50	Power wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each (new equipment)
E2391RR	2.05	Power wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each (rental)
E2391UE	15.38	Power wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each (used durable medical equipment)
E2392NU	53.88	Power wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each (new equipment)
E2392RR	5.40	Power wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each (rental)
E2392UE	40.41	Power wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each (used durable medical equipment)
E2393NU	AAC+35%	Power wheelchair accessory, valve for pneumatic tire tube, any type, replacement only, each
E2393RR	I.C.	Power wheelchair accessory, valve for pneumatic tire tube, any type, replacement only, each
E2393UE	I.C.	Power wheelchair accessory, valve for pneumatic tire tube, any type, replacement only, each
E2394NU	76.75	Power wheelchair accessory, drive wheel excludes tire, any size, replacement only, each (new equipment)
E2394RR	7.69	Power wheelchair accessory, drive wheel excludes tire, any size,

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Code	Rate	Description
		replacement only, each (rental)
E2394UE	57.57	Power wheelchair accessory, drive wheel excludes tire, any size, replacement only, each (used durable medical equipment)
E2395NU	54.55	Power wheelchair accessory, caster wheel excludes tire, any size, replacement only, each (new equipment)
E2395RR	5.46	Power wheelchair accessory, caster wheel excludes tire, any size, replacement only, each (rental)
E2395UE	40.93	Power wheelchair accessory, caster wheel excludes tire, any size, replacement only, each (used durable medical equipment)
E2396NU	64.07	Power wheelchair accessory, caster fork, any size, replacement only, each (new equipment)
E2396RR	7.13	Power wheelchair accessory, caster fork, any size, replacement only, each (rental)
E2396UE	48.07	Power wheelchair accessory, caster fork, any size, replacement only, each (used durable medical equipment)
E2397NU	AAC+35%	Power wheelchair accessory, lithium-based battery, each (new equipment)
E2397RR	I.C.	Power wheelchair accessory, lithium-based battery, each (rental)
E2397UE	I.C.	Power wheelchair accessory, lithium-based battery, each (used durable medical equipment)
E2399	AAC+30%	Related electronics and any type mounting hardware
E2402KH, KI	1,373.17	Negative pressure wound therapy electrical pump, stationary or portable (capped rental)
E2402KJ	1,029.88	Negative pressure wound therapy electrical pump, stationary or portable (capped rental)
E2402NU	14,418.26	Negative pressure wound therapy electrical pump, stationary or portable (new equipment purchase)
E2402UE	10,813.70	Negative pressure wound therapy electrical pump, stationary or portable (used durable medical equipment purchase)
E2500NU	391.06	Speech generating device, digitized speech, using pre-recorded messages, less than or equal to 8 minutes recording time (new equipment)
E2500RR	39.11	Speech generating device, digitized speech, using pre-recorded messages, less than or equal to 8 minutes recording time (rental)
E2500UE	293.29	Speech generating device, digitized speech, using pre-recorded messages, less than or equal to 8 minutes recording time (used durable medical equipment)
E2502NU	1,195.80	Speech generating device, digitized speech, using pre-recorded messages, greater than 8 minutes but less than or equal to 20 minutes recording time (new equipment)
E2502RR	119.59	Speech generating device, digitized speech, using pre-recorded messages, greater than 8 minutes but less than or equal to 20 minutes recording time (rental)
E2502UE	896.86	Speech generating device, digitized speech, using pre-recorded messages, greater than 8 minutes but less than or equal to 20 minutes recording time (used durable medical equipment)
E2504NU	1,577.42	Speech generating device, digitized speech, using pre-recorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time (new equipment)
E2504RR	157.76	Speech generating device, digitized speech, using pre-recorded messages, greater than 20 minutes but less than or equal to 40

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Code	Rate	Description
		minutes recording time (rental)
E2504UE	1,183.05	Speech generating device, digitized speech, using pre-recorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time (used durable medical equipment)
E2506NU	2,312.96	Speech generating device, digitized speech, using pre-recorded messages, greater than 40 minutes recording time (new equipment)
E2506RR	231.29	Speech generating device, digitized speech, using pre-recorded messages, greater than 40 minutes recording time (rental)
E2506UE	1,734.69	Speech generating device, digitized speech, using pre-recorded messages, greater than 40 minutes recording time (used durable medical equipment)
E2508NU	3,576.61	Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device (new equipment)
E2508RR	357.67	Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device (rental)
E2508UE	2,682.47	Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device (used durable medical equipment)
E2510NU	AAC+30%	Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access (new equipment)
E2510RR	I.C.	Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access (rental)
E2510UE	I.C.	Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access (used durable medical equipment)
E2511NU	AAC+30%	Speech generating software program, for personal computer or personal digital assistant (new equipment)
E2511RR	I.C.	Speech generating software program, for personal computer or personal digital assistant (rental)
E2511UE	I.C.	Speech generating software program, for personal computer or personal digital assistant (used durable medical equipment)
E2512NU	AAC+30%	Accessory for speech generating device, mounting system (new equipment)
E2512RR	I.C.	Accessory for speech generating device, mounting system (rental)
E2512UE	I.C.	Accessory for speech generating device, mounting system (used durable medical equipment)
E2599	AAC+30%	Accessory for speech generating device, not otherwise classified
E2601NU	61.16	General use wheelchair seat cushion, width less than 22 inches, any depth (new equipment)
E2601RR	6.13	General use wheelchair seat cushion, width less than 22 inches, any depth (rental)
E2601UE	45.87	General use wheelchair seat cushion, width less than 22 inches, any depth (used durable medical equipment)
E2602NU	119.40	General use wheelchair seat cushion, width 22 inches or greater, any depth (new equipment)
E2602RR	11.94	General use wheelchair seat cushion, width 22 inches or greater, any depth (rental)

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Code	Rate	Description
E2602UE	89.55	General use wheelchair seat cushion, width 22 inches or greater, any depth (used durable medical equipment)
E2603NU	151.59	Skin protection wheelchair seat cushion, width less than 22 inches, any depth (new equipment)
E2603RR	15.17	Skin protection wheelchair seat cushion, width less than 22 inches, any depth (rental)
E2603UE	113.69	Skin protection wheelchair seat cushion, width less than 22 inches, any depth (used durable medical equipment)
E2604NU	188.41	Skin protection wheelchair seat cushion, width 22 inches or greater, any depth (new equipment)
E2604RR	18.83	Skin protection wheelchair seat cushion, width 22 inches or greater, any depth (rental)
E2604UE	141.33	Skin protection wheelchair seat cushion, width 22 inches or greater, any depth (used durable medical equipment)
E2605NU	269.17	Positioning wheelchair seat cushion, width less than 22 inches, any depth (new equipment)
E2605RR	26.93	Positioning wheelchair seat cushion, width less than 22 inches, any depth (rental)
E2605UE	201.91	Positioning wheelchair seat cushion, width less than 22 inches, any depth (used durable medical equipment)
E2606NU	419.93	Positioning wheelchair seat cushion, width 22 inches or greater, any depth (new equipment)
E2606RR	42.01	Positioning wheelchair seat cushion, width 22 inches or greater, any depth (rental)
E2606UE	314.94	Positioning wheelchair seat cushion, width 22 inches or greater, any depth (used durable medical equipment)
E2607NU	289.85	Skin protection and positioning wheelchair seat cushion, width less than 22 inches, any depth (new equipment)
E2607RR	28.99	Skin protection and positioning wheelchair seat cushion, width less than 22 inches, any depth (rental)
E2607UE	217.39	Skin protection and positioning wheelchair seat cushion, width less than 22 inches, any depth (used durable medical equipment)
E2608NU	348.09	Skin protection and positioning wheelchair seat cushion, width 22 inches or greater, any depth (new equipment)
E2608RR	34.80	Skin protection and positioning wheelchair seat cushion, width 22 inches or greater, any depth (rental)
E2608UE	261.07	Skin protection and positioning wheelchair seat cushion, width 22 inches or greater, any depth (used durable medical equipment)
E2609NU	AAC+35%	Custom fabricated wheelchair seat cushion, any size
E2609RR	I.C.	Custom fabricated wheelchair seat cushion, any size (rental)
E2609UE	I.C.	Custom fabricated wheelchair seat cushion, any size (used durable medical equipment)
E2610NU	AAC+35%	Wheelchair seat cushion, powered (new equipment)
E2610RR	I.C.	Wheelchair seat cushion, powered (rental)
E2610UE	I.C.	Wheelchair seat cushion, powered (used durable medical equipment)
E2611NU	312.35	General use wheelchair back cushion, width less than 22 inches, any height, including any type mounting hardware (new equipment)
E2611RR	31.23	General use wheelchair back cushion, width less than 22 inches, any height, including any type mounting hardware (rental)
E2611UE	234.29	General use wheelchair back cushion, width less than 22 inches, any

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Code	Rate	Description
		height, including any type mounting hardware (used durable medical equipment)
E2612NU	422.54	General use wheelchair back cushion, width 22 inches or greater, any height, including any type mounting hardware (new equipment)
E2612RR	42.25	General use wheelchair back cushion, width 22 inches or greater, any height, including any type mounting hardware (rental)
E2612UE	316.89	General use wheelchair back cushion, width 22 inches or greater, any height, including any type mounting hardware (used durable medical equipment)
E2613NU	393.04	Positioning wheelchair back cushion, posterior, width less than 22 inches, any height, including any type mounting hardware (new equipment)
E2613RR	39.31	Positioning wheelchair back cushion, posterior, width less than 22 inches, any height, including any type mounting hardware (rental)
E2613UE	294.78	Positioning wheelchair back cushion, posterior, width less than 22 inches, any height, including any type mounting hardware (used durable medical equipment)
E2614NU	543.93	Positioning wheelchair back cushion, posterior, 22 inches or greater, any height, including any type mounting hardware (new equipment)
E2614RR	54.40	Positioning wheelchair back cushion, posterior, 22 inches or greater, any height, including any type mounting hardware (rental)
E2614UE	407.97	Positioning wheelchair back cushion, posterior, 22 inches or greater, any height, including any type mounting hardware (used durable medical equipment)
E2615NU	452.32	Positioning wheelchair back cushion, posterior-lateral, width less than 22 inches, any height, including any type mounting hardware (new equipment)
E2615RR	45.24	Positioning wheelchair back cushion, posterior-lateral, width less than 22 inches, any height, including any type mounting hardware (rental)
E2615UE	339.23	Positioning wheelchair back cushion, posterior-lateral, width less than 22 inches, any height, including any type mounting hardware (used durable medical equipment)
E2616NU	608.58	Positioning wheelchair back cushion, posterior-lateral, width 22 inches or greater, any height, including any type mounting hardware (new equipment)
E2616RR	60.86	Positioning wheelchair back cushion, posterior-lateral, width 22 inches or greater, any height, including any type mounting hardware (rental)
E2616UE	456.45	Positioning wheelchair back cushion, posterior-lateral, width 22 inches or greater, any height, including any type mounting hardware (used durable medical equipment)
E2617NU	AAC+35%	Custom fabricated wheelchair back cushion, any size, including any type mounting hardware (new equipment)
E2617RR	I.C.	Custom fabricated wheelchair back cushion, any size, including any type mounting hardware (rental)
E2617UE	I.C.	Custom fabricated wheelchair back cushion, any size, including any type mounting hardware (used durable medical equipment)
E2619NU	51.32	Replacement cover for wheelchair seat cushion or back cushion, each (new equipment)
E2619RR	5.13	Replacement cover for wheelchair seat cushion or back cushion

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Code	Rate	Description
		(rental)
E2619UE	38.51	Replacement cover for wheelchair seat cushion or back cushion (used durable medical equipment)
E2620NU	574.76	Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 inches, any height, including any type mounting hardware (new equipment)
E2620RR	57.47	Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 inches, any height, including any type mounting hardware (rental)
E2620UE	431.08	Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 inches, any height, including any type mounting hardware (used durable medical equipment)
E2621NU	547.70	Positioning wheelchair back cushion, planar back with lateral supports, width 22 inches or greater, any height, including any type mounting hardware (new equipment)
E2621RR	54.77	Positioning wheelchair back cushion, planar back with lateral supports, width 22 inches or greater, any height, including any type mounting hardware (rental)
E2621UE	410.79	Positioning wheelchair back cushion, planar back with lateral supports, width 22 inches or greater, any height, including any type mounting hardware (used durable medical equipment)
E8000	AAC+35%	Gait trainer, pediatric size, posterior support, includes all accessories and components
E8001	AAC+35%	Gait trainer, pediatric size, upright support, includes all accessories and components
<u>E8002</u>	<u>AAC+35%</u>	Gait trainer, pediatric size, anterior support, includes all accessories and components

Drugs Administered Other Than Oral Method J0000-J8999

J0129	AAC	Injection, abatacept, 10 mg
J0133	0.38	Injection, acyclovir, 5 mg
J0285	8.22	Injection, amphotericin b, 50 mg
J0287	17.48	Injection, amphotericin b lipid complex, 10 mg
J0288	12.16	Injection, amphotericin b cholesteryl sulfate complex, 10 mg
J0289	28.64	Injection, amphotericin b liposome, 10 mg
J0895	12.50	Injection, deferoxamine mesylate, 500 mg
J0348	AAC	Injection, anadulafungin, 1 mg
J0594	AAC	Injection, busulfan, 1 mg
J0894	AAC	Injection, decitabine, 1 mg
J1170	1.19	Injection, hydromorphone, up to 4 mg
J1250	3.79	Injection, dobutamine hydrochloride, per 250 mg
J1265	0.50	Injection, dopamine hcl, 40 mg
J1325	10.11	Injection, epoprostenol, 0.5 mg
J1455	10.46	Injection, foscarnet sodium, per 1000 mg
J1458	AAC	Injection, galsulfase, 1 mg
J1561	26.06	Injection, immune globulin, (gamunex), intravenous, non-lyophilized (e.g., liquid), 500 mg
J1562	AAC	Injection, immune globulin (vivaglobin), 100 mg
J1568	26.79	Injection, immune globulin (octagam), intravenous, non-lyophilized (e.g., liquid), 500 mg
J1569	25.08	Injection, immune globulin, (gammagard liquid), intravenous, non-lyophilized (e.g. liquid), 500 mg

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Code	Rate	Description
J1570	28.20	Injection, ganciclovir sodium, 500 mg
J1572	25.85	Injection, immune globulin, (flebogamma), intravenous, non-lyophilized (e.g. liquid), 500 mg
J1644AX	0.09	Injection, heparin sodium, per 1000 units
J1815	0.18	Injection, insulin, per 5 units
J1817	2.24	Insulin for administration through DME (i.e., insulin pump) per 50 units
J2175	0.45	Injection, meperidine hydrochloride, per 100 mg
J2248	AAC	Injection, micafungin sodium, 1 mg
J2260	41.26	Injection, milrinone lactate, 5 mg
J2270	0.57	Injection, morphine sulfate, up to 10 mg
J2271	8.86	Injection, morphine sulfate, 100mg
J2275	3.51	Injection, morphine sulfate (preservative-free sterile solution), per 10 mg
J2545	35.62	Pentamidine isethionate, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per 300 mg
J2920	1.60	Injection, methylprednisolone sodium succinate, up to 40 mg
J2930	2.05	Injection, methylprednisolone sodium succinate, up to 125 mg
J3010	0.56	Injection, fentanyl citrate, 0.1 mg
J3243	AAC	Injection, tigecycline, 1 mg
J3285	49.40	Injection, treprostinil, 1 mg
J3370	5.62	Injection, vancomycin HCL, 500 mg
<u>Miscellaneous Drugs and Solutions</u>		
J7500	0.14	Azathioprine, oral, 50 mg
J7501	40.03	Azathioprine, parenteral, 100 mg
J7502	3.17	Cyclosporine, oral, 100 mg
J7506	0.16	Prednisone, oral, per 5mg
J7507	2.83	Tacrolimus, oral, per 1 mg
J7509	0.06	Methylprednisolone oral, per 4 mg
J7510	0.06	Prednisolone oral, per 5 mg
J7513	269.70	Daclizumab, parenteral, 25 mg
J7515	0.80	Cyclosporine, oral, 25 mg
J7517	2.02	Mycophenolate mofetil, oral, 250 mg
J7518	1.73	Mycophenolic acid, oral, 180 mg
J7520	5.72	Sirolimus, oral, 1 mg
J7525	112.45	Tacrolimus, parenteral, 5 mg
<u>Inhalation Solutions</u>		
J7604	AAC	Acetylcysteine, inhalation solution, compounded product, administered through DME, unit dose form, per gram
J7605	AAC	Arformoterol, inhalation solution, FDA approved final product, non-compounded administered through DME, unit dose form, 15 micrograms
J7607	AAC	Levalbuterol, inhalation solution, compounded product, administered through DME, concentrated form, 0.5 mg
J7608KO	2.44	Acetylcysteine, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per gram (single drug unit dose formulation)
J7608KP	2.44	Acetylcysteine, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per gram (first drug of a multiple unit dose formulation)

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Code	Rate	Description
J7608KQ	2.30	Acetylcysteine, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per gram (second or subsequent drug of a multiple unit dose formulation)
J7609KO	AAC	Albuterol, inhalation solution, compounded product, administered through DME, unit dose, 1 mg (single drug unit dose formulation)
J7609KP	AAC	Albuterol, inhalation solution, compounded product, administered through DME, unit dose, 1 mg (first drug of a multiple unit dose formulation)
J7609KQ	AAC	Albuterol, inhalation solution, compounded product, administered through DME, unit dose, 1 mg (second or subsequent drug of a multiple unit dose formulation)
J7610	AAC	Albuterol, inhalation solution, compounded product, administered through DME, concentrated form 1 mg
J7611	0.07	Albuterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, concentrated form, 1mg
J7612	AAC	Levalbuterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, concentrated form, 0.5mg
J7613KO	0.07	Albuterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose, 1mg (single drug unit dose formulation)
J7613KP	0.07	Albuterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose, 1mg (first drug of a multiple unit dose formulation)
J7613KQ	0.07	Albuterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose, 1mg (second or subsequent drug of a multiple unit dose formulation)
J7614KO	1.20	Levalbuterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose, 0.5mg (single drug unit dose formulation)
J7614KP	1.20	Levalbuterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose, 0.5mg (first drug of a multiple unit dose formulation)
J7614KQ	AAC	Levalbuterol, inhalation solution, administered through DME, unit dose, 0.5mg (second or subsequent drug of a multiple unit dose formulation)
J7615KO	AAC	Levalbuterol, inhalation solution, compounded product, administered through DME, unit dose, 0.5 mg (single drug unit dose formulation)
J7615KP	AAC	Levalbuterol, inhalation solution, compounded product, administered through DME, unit dose, 0.5 mg (first drug of a multiple unit dose formulation)
J7615KQ	AAC	Levalbuterol, inhalation solution, compounded product, administered through DME, unit dose, 0.5 mg (second or subsequent drug of a multiple unit dose formulation)
J7616	AAC	Inhalation solution, administered through DME
J7620	0.86	Albuterol, up to 2.5 mg and ipratropium bromide, up to 0.5 mg, FDA-approved final product, non-compounded inhalation solution, administered through DME
J7622KO	AAC	Beclomethasone, inhalation solution, compounded product, administered through DME, unit dose form, per milligram (single drug unit dose formulation)
J7622KP	AAC	Beclomethasone, inhalation solution, compounded product, administered through DME, unit dose form, per milligram (first drug

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Code	Rate	Description
		of a multiple unit dose formulation)
J7622KQ	AAC	Beclomethasone, inhalation solution, compounded product administered through DME, unit dose form, per milligram (second or subsequent drug of a multiple unit dose formulation)
J7624KO	AAC	Betamethasone, inhalation solution, compounded product, administered through DME, unit dose form, per milligram (single drug unit dose formulation)
J7624KP	AAC	Betamethasone, inhalation solution, compounded product, administered through DME, unit dose form, per milligram (first drug of a multiple unit dose formulation)
J7624KQ	AAC	Betamethasone, inhalation solution, compounded product, administered through DME, unit dose form, per milligram (second or subsequent drug of a multiple unit dose formulation)
J7626KO	3.64	Budesonide inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, up to 0.50 mg (single drug unit dose formulation)
J7626KP	3.64	Budesonide inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, up to 0.50 mg (first drug of a multiple unit dose formulation)
J7626KQ	3.58	Budesonide inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, up to 0.50 mg (second or subsequent drug of a multiple unit dose formulation)
J7627KO	AAC	Budesonide, inhalation solution, compounded product, administered through DME, unit dose form, up to 0.5 mg (single drug unit dose formulation)
J7627KP	AAC	Budesonide, inhalation solution, compounded product, administered through DME, unit dose form, up to 0.5 mg (first drug of a multiple unit dose formulation)
J7627KQ	AAC	Budesonide, inhalation solution, compounded product, administered through DME, unit dose form, up to 0.5 mg (second or subsequent drug of a multiple unit dose formulation)
J7628	AAC	Bitolterol mesylate, inhalation solution, compounded product, administered through DME, concentrated form, per milligram
J7629KO	AAC	Bitolterol mesylate, inhalation solution, compounded product, administered through DME, unit dose form, per milligram (single drug unit dose formulation)
J7629KP	AAC	Bitolterol mesylate, inhalation solution, compounded product, administered through DME, unit dose form, per milligram (first drug of a multiple unit dose formulation)
J7629KQ	AAC	Bitolterol mesylate, inhalation solution, compounded product, administered through DME, unit dose form, per milligram (second or subsequent drug of a multiple unit dose formulation)
J7631KO	0.07	Cromolyn sodium, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per 10 milligrams (single drug unit dose formulation)
J7631KP	0.07	Cromolyn sodium, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per 10 milligrams (first drug of a multiple unit dose formulation)
J7631KQ	0.04	Cromolyn sodium, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per 10 milligrams (second or subsequent drug of a multiple unit dose

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Code	Rate	Description
		formulation)
J7632	AAC	Cromolyn sodium, inhalation solution, compounded product, administered through DME, unit dose form, per 10 milligrams
J7633	AAC	Budesonide, inhalation solution, FDA-approved final product, non-compounded, administered through DME, concentrated form, per 0.25 milligram
J7634	AAC	Budesonide, inhalation solution, compounded product, administered through DME, concentrated form, per 0.25 milligram
J7635	0.18	Atropine, inhalation solution, compounded product, administered through DME, concentrated form, per milligram
J7636KO	0.27	Atropine, inhalation solution, compounded product, administered through DME, unit dose form, per milligram (single drug unit dose formulation)
J7636KP	0.27	Atropine, inhalation solution, compounded product, administered through DME, unit dose form, per milligram (first drug of a multiple unit dose formulation)
J7636KQ	0.21	Atropine, inhalation solution, compounded product, administered through DME, unit dose form, per milligram (second or subsequent drug of a multiple unit dose formulation)
J7637	0.07	Dexamethasone, inhalation solution, compounded product, administered through DME, concentrated form, per milligram
J7638KO	0.10	Dexamethasone, inhalation solution, compounded product, administered through DME, unit dose form, per milligram (single drug unit dose formulation)
J7638KP	0.10	Dexamethasone, inhalation solution, compounded product, administered through DME, unit dose form, per milligram (first drug of a multiple unit dose formulation)
J7638KQ	0.07	Dexamethasone, inhalation solution, compounded product, administered through DME, unit dose form, per milligram (second or subsequent drug of a multiple unit dose formulation)
J7639KO	15.01	Dornase alpha, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per milligram (single drug unit dose formulation)
J7639KP	15.01	Dornase alpha, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per milligram (first drug of a multiple unit dose formulation)
J7639KQ	14.98	Dornase alpha, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per milligram (second or subsequent drug of a multiple unit dose formulation)
J7640KO	AAC	Formoterol, inhalation solution, compounded product, administered through DME, unit dose form, 12 micrograms (single drug unit dose formulation)
J7640KP	AAC	Formoterol, inhalation solution, compounded product, administered through DME, unit dose form, 12 micrograms (first drug of a multiple unit dose formulation)
J7640KQ	AAC	Formoterol, inhalation solution, compounded product, administered through DME, unit dose form, 12 micrograms (second or subsequent drug of a multiple unit dose formulation)
J7641KO	AAC	Flunisolide, inhalation solution, compounded product, administered through DME, unit dose, per milligram (single drug unit dose

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Code	Rate	Description
J7641KP	AAC	formulation) Flunisolide, inhalation solution, compounded product, administered through DME, unit dose, per milligram (first drug of a multiple unit dose formulation)
J7641KQ	AAC	Flunisolide, inhalation solution, compounded product, administered through DME, unit dose, per milligram (second or subsequent drug of a multiple unit dose formulation)
J7642	1.22	Glycopyrrolate, inhalation solution, compounded product, administered through DME, concentrated form, per milligram
J7643KO	1.36	Glycopyrrolate, inhalation, compounded product, solution administered through DME, unit dose form, per milligram (single drug unit dose formulation)
J7643KP	1.36	Glycopyrrolate, inhalation solution, compounded product, administered through DME, unit dose form, per milligram (first drug of a multiple unit dose formulation)
J7643KQ	1.22	Glycopyrrolate, inhalation solution, compounded product, administered through DME, unit dose form, per milligram (second or subsequent drug of a multiple unit dose formulation)
J7644KO	0.17	Ipratropium bromide, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per milligram (single drug unit dose formulation)
J7644KP	0.17	Ipratropium bromide, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per milligram (first drug of a multiple unit dose formulation)
J7644KQ	0.05	Ipratropium bromide, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per milligram (second or subsequent drug of a multiple unit dose formulation)
J7645KO	AAC	Ipratropium bromide, inhalation solution, compounded product, administered through DME, unit dose form, per milligram (single drug unit dose formulation)
J7645KP	AAC	Ipratropium bromide, inhalation solution, compounded product, administered through DME, unit dose form, per milligram (single drug unit dose formulation) (first drug of a multiple unit dose formulation)
J7645KQ	AAC	Ipratropium bromide, inhalation solution, compounded product, administered through DME, unit dose form, per milligram (single drug unit dose formulation) (second or subsequent drug of a multiple unit dose formulation)
J7647	AAC	Isoetharine HCl, inhalation solution, compounded product, administered through DME, concentrated form, per milligram
J7648	AAC	Isoetharine HCL, inhalation solution, FDA-approved final product, non-compounded, administered through DME, concentrated form, per milligram
J7649KO	AAC	Isoetharine HCL, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per milligram (single drug unit dose formulation)
J7649KP	AAC	Isoetharine HCL, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per milligram (first drug of a multiple unit dose formulation)
J7649KQ	AAC	Isoetharine HCL, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per

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Code	Rate	Description
		milligram (second or subsequent drug of a multiple unit dose formulation)
J7650KO	AAC	Isoetharine HCl, inhalation solution, compounded product, administered through DME, unit dose form, per milligram (single drug unit dose formulation)
J7650KP	AAC	Isoetharine HCl, inhalation solution, compounded product, administered through DME, unit dose form, per milligram (first drug of a multiple unit dose formulation)
J7650KQ	AAC	Isoetharine HCl, inhalation solution, compounded product, administered through DME, unit dose form, per milligram (second or subsequent drug of a multiple unit dose formulation)
J7657	AAC	Isoproterenol HCl, inhalation solution, compounded product, administered through DME, concentrated form, per milligram
J7658	AAC	Isoproterenol HCL, inhalation solution, FDA-approved final product, non-compounded, administered through DME, concentrated form, per milligram
J7659KO	AAC	Isoproterenol HCL, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per milligram (single drug unit dose formulation)
J7659KP	AAC	Isoproterenol HCL, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per milligram (first drug of a multiple unit dose formulation)
J7659KQ	AAC	Isoproterenol HCL, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per milligram (second or subsequent drug of a multiple unit dose formulation)
J7660KO	AAC	Isoproterenol HCl, inhalation solution, compounded product, administered through DME, unit dose form, per milligram (single drug unit dose formulation)
J7660KP	AAC	Isoproterenol HCl, inhalation solution, compounded product, administered through DME, unit dose form, per milligram (first drug of a multiple unit dose formulation)
J7660KQ	AAC	Isoproterenol HCl, inhalation solution, compounded product, administered through DME, unit dose form, per milligram (second or subsequent drug of a multiple unit dose formulation)
J7667	AAC	Metaproterenol sulfate, inhalation solution, compounded product, concentrated form, per 10 milligrams
J7668	AAC	Metaproterenol sulfate, inhalation solution, FDA-approved final product, non-compounded, administered through DME, concentrated form, per 10 milligrams
J7669KO	0.18	Metaproterenol sulfate, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per 10 milligrams (single drug unit dose formulation)
J7669KP	0.18	Metaproterenol sulfate, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per 10 milligrams (first drug of a multiple unit dose formulation)
J7669KQ	0.12	Metaproterenol sulfate, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per 10 milligrams (second or subsequent drug of a multiple unit dose formulation)
J7670KO	AAC	Metaproterenol sulfate, inhalation solution, compounded product,

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Code	Rate	Description
		administered through DME, unit dose form, per 10 milligrams (single drug unit dose formulation)
J7670KP	AAC	Metaproterenol sulfate, inhalation solution, compounded product, administered through DME, unit dose form, per 10 (first drug of a multiple unit dose formulation)
J7670KQ	AAC	Metaproterenol sulfate, inhalation solution, compounded product, administered through DME, unit dose form, per 10 (second or subsequent drug of a multiple unit dose formulation)
J7676	AAC	Pentamidine isethionate, inhalation solution, compounded product, administered through DME, unit dose form, per 300 mg
J7680	AAC	Terbutaline sulfate, inhalation solution, compounded product, administered through DME, concentrated form, per milligram
J7681KO	AAC	Terbutaline sulfate, inhalation solution, compounded product, administered through DME, unit dose form, per milligram (single drug unit dose formulation)
J7681KP	AAC	Terbutaline sulfate, inhalation solution, compounded product, administered through DME, unit dose form, per milligram (first drug of a multiple unit dose formulation)
J7681KQ	AAC	Terbutaline sulfate, inhalation solution, compounded product, administered through DME, unit dose form, per milligram (second or subsequent drug of a multiple unit dose formulation)
J7682KO	43.20	Tobramycin, inhalation solution, FDA-approved final product, non-compounded, unit dose form, 300 mg, inhalation solution, administered through DME (single drug unit dose formulation)
J7682KP	43.20	Tobramycin, inhalation solution, FDA-approved final product, non-compounded, unit dose form, 300 mg, inhalation solution, administered through DME (first drug of a multiple unit dose formulation)
J7682KQ	AAC	Tobramycin, inhalation solution, FDA-approved final product, non-compounded, unit dose form, 300 mg, inhalation solution, administered through DME (second or subsequent drug of a multiple unit dose formulation)
J7683	AAC	Triamcinolone, inhalation solution, compounded product, administered through DME, concentrated form, per milligram
J7684KO	AAC	Triamcinolone, inhalation solution, compounded product, administered through DME, unit dose form, per milligram (single drug unit dose formulation)
J7684KP	AAC	Triamcinolone, inhalation solution, compounded product, administered through DME, unit dose form, per milligram (first drug of a multiple unit dose formulation)
J7684KQ	AAC	Triamcinolone, inhalation solution, compounded product, administered through DME, unit dose form, per milligram (second or subsequent drug of a multiple unit dose formulation)
J7685	AAC	Tobramycin, inhalation solution, compounded product, administered through DME, unit dose form, per 300 milligrams
J8501	3.87	Aprepitant, oral, 5 mg
J8530	1.00	Cyclophosphamide; oral, 25 mg
J8540	0.05	Dexamethasone, oral, 0.25 mg
J8597	AAC	Antiemetic drug, oral, not otherwise specified
J8610	0.18	Methotrexate; oral, 2.5 mg
J8650	AAC	Nabilone, oral, 1 mg

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Code	Rate	Description
<u>Chemotherapy Drugs J9000-J9999</u>		
J9000	10.03	Doxorubicin HCL, 10 mg
J9001	314.78	Doxorubicin hydrochloride, all lipid formulations, 10 mg
J9040	231.50	Bleomycin sulfate, 15 units
J9065	49.38	Injection, cladribine, per 1 mg
J9070	4.58	Cyclophosphamide, 100 mg
J9080	8.71	Cyclophosphamide, 200 mg
J9100	6.55	Cytarabine, 100 mg
J9110	6.84	Cytarabine, 500 mg
J9150	59.38	Daunorubicin, 10 mg
J9181	1.37	Etoposide, 10 mg
J9182	13.68	Etoposide, 100 mg
J9190	1.66	Fluorouracil, 500 mg
J9200	109.44	Floxuridine, 500 mg
J9208	120.30	Ifosfamide, 1 gm
J9261	AAC	Injection, nelarabine, 50 mg
J9265	129.74	Paclitaxel, 30 mg
J9280	101.92	Mitomycin, 5 mg
J9290	258.56	Mitomycin, 20 mg
J9350	638.92	Topotecan, 4 mg
J9355	46.50	Topotecan, 4 mg
J9360	3.28	Vinblastine sulfate, 1 mg
J9370	27.18	Vincristine sulfate, 1 mg
J9375	54.37	Vincristine sulfate, 2 mg
J9380	135.93	Vincristine sulfate, 5 mg
J9390	87.20	Vinorelbine tartrate, per 10 mg
<u>K Codes (Temporary) K0000-K9999</u>		
<u>Wheelchair and Wheelchair Accessories</u>		
K0001KH, KI	42.62	Standard wheelchair (capped rental)
K0001KJ	31.96	Standard wheelchair (capped rental)
K0001NU	447.47	Standard wheelchair (new equipment purchase)
K0001UE	335.60	Standard wheelchair (used equipment purchase)
K0002KH, KI	60.47	Standard hemi (low seat) wheelchair (capped rental)
K0002KJ	45.35	Standard hemi (low seat) wheelchair (capped rental)
K0002NU	634.96	Standard hemi (low seat) wheelchair (new equipment purchase)
K0002UE	476.26	Standard hemi (low seat) wheelchair (used durable medical equipment purchase)
K0003KH, KI	71.67	Lightweight wheelchair (capped rental)
K0003KJ	53.75	Lightweight wheelchair (capped rental)
K0003NU	752.56	Lightweight wheelchair (new equipment purchase)
K0003UE	564.42	Lightweight wheelchair (used durable medical equipment purchase)
K0004KH, KI	106.91	High strength, lightweight wheelchair (capped rental)
K0004KJ	80.18	High strength, lightweight wheelchair (capped rental)
K0004NU	1,122.58	High strength, lightweight wheelchair (new equipment purchase)
K0004UE	841.93	High strength, lightweight wheelchair (used durable medical equipment purchase)
K0005NU	1,479.01	Ultralightweight wheelchair (new equipment)
K0005RR	147.89	Ultralightweight wheelchair (rental)
K0005UE	1,109.24	Ultralightweight wheelchair (used durable medical equipment)
K0006KH, KI	125.41	Heavy duty wheelchair (capped rental)
K0006KJ	94.06	Heavy duty wheelchair (capped rental)

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Code	Rate	Description
K0006NU	1,316.81	Heavy duty wheelchair (new equipment purchase)
K0006UE	987.60	Heavy duty wheelchair (used durable medical equipment)
K0007KH, KI	178.50	Extra heavy duty wheelchair (capped rental)
K0007KJ	133.88	Extra heavy duty wheelchair (capped rental)
K0007NU	1,874.25	Extra heavy duty wheelchair (new equipment purchase)
K0007UE	1,405.69	Extra heavy duty wheelchair (used durable medical equipment)
K0009NU	AAC+35%	Other manual wheelchair/base (new equipment)
K0009RR	I.C.	Other manual wheelchair/base (rental)
K0009UE	I.C.	Other manual wheelchair/base (used durable medical equipment)
K0015NU	181.70	Detachable, non-adjustable height armrest, each
K0015RR	18.18	Detachable, non-adjustable height armrest, each (rental)
K0015UE	136.27	Detachable, non-adjustable height armrest, each (used durable medical equipment)
K0017NU	51.11	Detachable, adjustable height armrest, base, each (new equipment)
K0017RR	5.11	Detachable, adjustable height armrest, base, each (rental)
K0017UE	38.33	Detachable, adjustable height armrest, base, each (used durable medical equipment)
K0018NU	28.55	Detachable, adjustable height armrest, upper portion, each (new equipment)
K0018RR	2.84	Detachable, adjustable height armrest, upper portion, each (rental)
K0018UE	21.43	Detachable, adjustable height armrest, upper portion, each (used durable medical equipment)
K0019NU	17.18	Arm pad, each (new equipment)
K0019RR	1.71	Arm pad, each (rental)
K0019UE	12.87	Arm pad, each (used durable medical equipment)
K0020NU	46.46	Fixed, adjustable height armrest, pair (new equipment)
K0020RR	4.65	Fixed, adjustable height armrest, pair (rental)
K0020UE	34.83	Fixed, adjustable height armrest, pair (used durable medical equipment)
K0037NU	48.16	High mount flip-up footrest, each (new equipment)
K0037RR	3.96	High mount flip-up footrest, each (rental)
K0037UE	36.13	High mount flip-up footrest, each (used durable medical equipment)
K0038NU	24.26	Leg strap, each (new equipment)
K0038RR	2.43	Leg strap, each (rental)
K0038UE	18.20	Leg strap, each (used durable medical equipment)
K0039NU	53.88	Leg strap, H style, each (new equipment)
K0039RR	5.40	Leg strap, H style, each (rental)
K0039UE	40.41	Leg strap, H style, each (used durable medical equipment)
K0040NU	74.67	Adjustable angle footplate, each (new equipment)
K0040RR	7.45	Adjustable angle footplate, each (rental)
K0040UE	55.99	Adjustable angle footplate, each (used durable medical equipment)
K0041NU	52.92	Large size footplate, each (new equipment)
K0041RR	5.31	Large size footplate, each (rental)
K0041UE	39.69	Large size footplate, each (used durable medical equipment)
K0042NU	36.43	Standard size footplate, each (new equipment)
K0042RR	3.63	Standard size footplate, each (rental)
K0042UE	27.32	Standard size footplate, each (used durable medical equipment)
K0043NU	19.53	Footrest, lower extension tube, each (new equipment)
K0043RR	1.95	Footrest, lower extension tube, each (rental)
K0043UE	14.66	Footrest, lower extension tube, each (used durable medical equipment)

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Code	Rate	Description
K0044NU	16.64	Footrest, upper hanger bracket, each (new equipment)
K0044RR	1.67	Footrest, upper hanger bracket, each (rental)
K0044UE	12.48	Footrest, upper hanger bracket, each (used durable medical equipment)
K0045NU	56.62	Footrest, complete assembly (new equipment)
K0045RR	5.84	Footrest, complete assembly (rental)
K0045UE	42.47	Footrest, complete assembly (used durable medical equipment)
K0046NU	19.53	Elevating legrest, lower extension tube, each (new equipment)
K0046RR	1.95	Elevating legrest, lower extension tube, each (rental)
K0046UE	14.66	Elevating legrest, lower extension tube, each (used durable medical equipment)
K0047NU	76.48	Elevating legrest, lower extension tube, each (new equipment)
K0047RR	7.67	Elevating legrest, lower extension tube, each (rental)
K0047UE	57.34	Elevating legrest, lower extension tube, each (used durable medical equipment)
K0050NU	32.50	Ratchet assembly (new equipment)
K0050RR	3.24	Ratchet assembly (rental)
K0050UE	24.39	Ratchet assembly (used durable medical equipment)
K0051NU	52.61	Cam release assembly, footrest or legrest, each (new equipment)
K0051RR	5.29	Cam release assembly, footrest or legrest, each (rental)
K0051UE	39.44	Cam release assembly, footrest or legrest, each (used durable medical equipment)
K0052NU	92.44	Swingaway, detachable footrests, each (new equipment)
K0052RR	9.24	Swingaway, detachable footrests, each (rental)
K0052UE	69.32	Swingaway, detachable footrests, each (used durable medical equipment)
K0053NU	102.01	Elevating footrests, articulating (telescoping), each (new equipment)
K0053RR	10.19	Elevating footrests, articulating (telescoping), each (rental)
K0053UE	76.51	Elevating footrests, articulating (telescoping), each (used durable medical equipment)
K0053UD	AAC+35%	Elevating footrests, articulating (telescoping), each (bariatric equipment)
K0056NU	95.10	Seat height less than 17 inches or equal to or greater than 21 inches for a high strength, lightweight, or ultralightweight wheelchair (new equipment)
K0056RR	9.51	Seat height less than 17 inches or equal to or greater than 21 inches for a high strength, lightweight, or ultralightweight wheelchair (rental)
K0056UE	71.34	Seat height less than 17 inches or equal to or greater than 21 inches for a high strength, lightweight, or ultralightweight wheelchair (used durable medical equipment)
K0065NU	44.46	Spoke protectors, each (new equipment)
K0065RR	4.45	Spoke protectors, each (rental)
K0065UE	33.34	Spoke protectors, each (used durable medical equipment)
K0069NU	99.92	Rear wheel assembly, complete, with solid tire, spokes or molded, each (new equipment)
K0069RR	10.41	Rear wheel assembly, complete, with solid tire, spokes or molded, each (rental)
K0069UE	74.94	Rear wheel assembly, complete, with solid tire, spokes or molded, each (used durable medical equipment)
K0070NU	183.16	Rear wheel assembly, complete, with pneumatic tire, spokes or molded, each (new equipment)

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Code	Rate	Description
K0070RR	18.33	Rear wheel assembly, complete, with pneumatic tire, spokes or molded, each (rental)
K0070UE	137.37	Rear wheel assembly, complete, with pneumatic tire, spokes or molded, each (used durable medical equipment)
K0071NU	109.25	Front caster assembly, complete, with pneumatic tire, each (new equipment)
K0071RR	10.93	Front caster assembly, complete, with pneumatic tire, each (rental)
K0071UE	81.92	Front caster assembly, complete, with pneumatic tire, each (used durable medical equipment)
K0072NU	65.76	Front caster assembly, complete, with semi-pneumatic tire, each (new equipment)
K0072RR	6.57	Front caster assembly, complete, with semi-pneumatic tire, each (rental)
K0072UE	49.32	Front caster assembly, complete, with semi-pneumatic tire, each (used durable medical equipment)
K0073NU	34.80	Caster pin lock, each (new equipment)
K0073RR	3.48	Caster pin lock, each (rental)
K0073UE	26.10	Caster pin lock, each (used durable medical equipment)
K0077NU	58.85	Front caster assembly, complete, with solid tire, each (new equipment)
K0077RR	5.88	Front caster assembly, complete, with solid tire, each (rental)
K0077UE	44.13	Front caster assembly, complete, with solid tire, each (used durable medical equipment)
K0105NU	79.54	IV hanger, each (new equipment)
K0105RR	7.94	IV hanger, each (rental)
K0105UE	59.66	IV hanger, each (used durable medical equipment)
K0108NU	AAC+35%	Wheelchair component or accessory, not otherwise specified (new equipment)
K0108RP	AAC+35%	Wheelchair component or accessory, not otherwise specified (replacement because of wear and tear, damage, or loss)
<u>Miscellaneous/Other</u>		
K0195KH, KI	17.91	Elevating leg rests, pair (for use with capped rental wheelchair base) (capped rental)
K0195KJ	13.43	Elevating leg rests, pair (for use with capped rental wheelchair base) (capped rental)
K0195NU	188.06	Elevating leg rests, pair (for use with capped rental wheelchair base) (new equipment purchase)
K0195UE	141.04	Elevating leg rests, pair (for use with capped rental wheelchair base) (used durable medical equipment purchase)
<u>Miscellaneous</u>		
K0455RR	225.14	Infusion pump used for uninterrupted parenteral administration of medication, epoprostenol or treprostinol (rental)
K0552	2.12	Supplies for external infusion pump, syringe type cartridge, sterile, each
K0601NU	0.88	Replacement battery for external infusion pump owned by patient, silver oxide, 1.5 volt, each
K0602NU	5.09	Replacement battery for external infusion pump owned by patient, silver oxide, 3 volt, each
K0603NU	0.46	Replacement battery for external infusion pump owned by patient, alkaline, 1.5 volt, each
K0604NU	4.87	Replacement battery for external infusion pump owned by patient,

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Code	Rate	Description
		lithium, 3.6 volt, each
K0605NU	11.68	Replacement battery for external infusion pump owned by patient, lithium, 4.5 volt, each
K0606KH, KI	1,814.56	Automatic external defibrillator with integrated electrocardiogram analysis, garment type (capped rental)
K0606KJ	1,360.92	Automatic external defibrillator with integrated electrocardiogram analysis, garment type (capped rental)
K0606NU	19,052.88	Automatic external defibrillator with integrated electrocardiogram analysis, garment type (new equipment purchase)
K0606UE	14,289.66	Automatic external defibrillator with integrated electrocardiogram analysis, garment type (used durable medical equipment purchase)
K0606KHKF, KIKF	2,452.06	Automatic external defibrillator with integrated electrocardiogram analysis, garment type (capped rental) (FDA class III device)
K0606KJKF	1,839.05	Automatic external defibrillator with integrated electrocardiogram analysis, garment type (capped rental) (FDA class III device)
K0606NUKF	25,746.63	Automatic external defibrillator with integrated electrocardiogram analysis, garment type (new equipment purchase) (FDA class III device)
K0606UEKF	19,309.97	Automatic external defibrillator with integrated electrocardiogram analysis, garment type (used durable medical equipment purchase) (FDA class III device)
K0607NU	155.38	Replacement battery for automatic external defibrillator, each (new equipment)
K0607RR	15.54	Replacement battery for automatic external defibrillator, each (rental)
K0607UE	116.54	Replacement battery for automatic external defibrillator, each (used durable medical equipment)
K0607NUKF	209.97	Replacement battery for automatic external defibrillator, each (new equipment) (FDA class III device)
K0607RRKF	21.00	Replacement battery for automatic external defibrillator, each (rental) (FDA class III device)
K0607UEKF	157.48	Replacement battery for automatic external defibrillator, each (used durable medical equipment) (FDA class III device)
K0608NU	96.97	Replacement garment for use with automatic external defibrillator, each (new equipment)
K0608RR	9.71	Replacement garment for use with automatic external defibrillator, each (rental)
K0608UE	72.73	Replacement garment for use with automatic external defibrillator, each (used durable medical equipment)
K0608NUKF	131.04	Replacement garment for use with automatic external defibrillator, each (new equipment) (FDA class III device)
K0608RRKF	13.12	Replacement garment for use with automatic external defibrillator, each (rental) (FDA class III device)
K0608UEKF	98.28	Replacement garment for use with automatic external defibrillator, each (used durable medical equipment) (FDA class III device)
K0609NU	644.87	Replacement electrodes for use with automatic external defibrillator, each (new equipment)
K0609NUKF	871.43	Replacement electrodes for use with automatic external defibrillator, each (new equipment) (FDA class III device)
K0669	AAC+35%	Wheelchair accessory, seat or back cushion, does not meet specific code criteria or no written coding verification from SADMERC
K0680	AAC+35%	Pediatric standard use, portable sling/solid seat and sling/solid back

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Code	Rate	Description
		(patient weight capacity up to 165 pounds) motorized/power wheelchair
K0730KH, KI	137.92	Controlled dose inhalation drug delivery system (capped rental)
K0730KJ	103.44	Controlled dose inhalation drug delivery system (capped rental)
K0730NU	1,448.16	Controlled dose inhalation drug delivery system (new equipment purchase)
K0730UE	1,086.12	Controlled dose inhalation drug delivery system (used durable medical equipment purchase)
K0733NU	30.21	Power wheelchair accessory, 12 to 24 amp hour sealed lead acid battery, each (e.g. gel cell, absorbed glassmat) (new equipment)
K0733RR	3.04	Power wheelchair accessory, 12 to 24 amp hour sealed lead acid battery, each (e.g. gel cell, absorbed glassmat) (rental)
K0733UE	22.67	Power wheelchair accessory, 12 to 24 amp hour sealed lead acid battery, each (e.g. gel cell, absorbed glassmat) (used durable medical equipment)
K0734NU	331.47	Skin protection wheelchair seat cushion, adjustable, width less than 22 inches, any depth (new equipment)
K0734RR	33.15	Skin protection wheelchair seat cushion, adjustable, width less than 22 inches, any depth (rental)
K0734UE	248.60	Skin protection wheelchair seat cushion, adjustable, width less than 22 inches, any depth (used durable medical equipment)
K0735NU	421.78	Skin protection wheelchair seat cushion, adjustable, width 22 inches or greater, any depth (new equipment)
K0735RR	42.19	Skin protection wheelchair seat cushion, adjustable, width 22 inches or greater, any depth (rental)
K0735UE	316.33	Skin protection wheelchair seat cushion, adjustable, width 22 inches or greater, any depth (used durable medical equipment)
K0736NU	334.19	Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 inches, any depth (new equipment)
K0736RR	33.42	Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 inches, any depth (rental)
K0736UE	250.66	Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 inches, any depth (used durable medical equipment)
K0737NU	423.06	Skin protection and positioning wheelchair seat cushion, adjustable, width 22 inches or greater, any depth (new equipment)
K0737RR	42.30	Skin protection and positioning wheelchair seat cushion, adjustable, width 22 inches or greater, any depth (rental)
K0737UE	317.29	Skin protection and positioning wheelchair seat cushion, adjustable, width 22 inches or greater, any depth (used durable medical equipment)
K0738RR	51.63	Portable gaseous oxygen system, rental; home compressor used to fill portable oxygen cylinders; includes portable containers, regulator, flowmeter, humidifier, cannula or mask, and tubing.
K0800NU	1,292.77	Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds (new equipment)
K0800RR	129.28	Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds (rental)
K0800UE	969.58	Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds (used durable medical equipment)
K0801NU	2,084.22	Power operated vehicle, group 1 heavy duty, patient weight capacity,

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Code	Rate	Description
		301 to 450 pounds (new equipment)
K0801RR	208.40	Power operated vehicle, group 1 heavy duty, patient weight capacity, 301 to 450 pounds (rental)
K0801UE	1,563.15	Power operated vehicle, group 1 heavy duty, patient weight capacity, 301 to 450 pounds (used durable medical equipment)
K0802NU	2,358.66	Power operated vehicle, group 1 very heavy duty, patient weight capacity 451 to 600 pounds (new equipment)
K0802RR	235.86	Power operated vehicle, group 1 very heavy duty, patient weight capacity 451 to 600 pounds (rental)
K0802UE	1,769.01	Power operated vehicle, group 1 very heavy duty, patient weight capacity 451 to 600 pounds (used durable medical equipment)
K0806NU	1,563.91	Power operated vehicle, group 2 standard, patient weight capacity up to and including 300 pounds (new equipment)
K0806RR	156.39	Power operated vehicle, group 2 standard, patient weight capacity up to and including 300 pounds (rental)
K0806UE	1,172.93	Power operated vehicle, group 2 standard, patient weight capacity up to and including 300 pounds (used durable medical equipment)
K0807NU	2,373.05	Power operated vehicle, group 2 heavy duty, patient weight capacity 301 to 450 pounds (new equipment)
K0807RR	237.30	Power operated vehicle, group 2 heavy duty, patient weight capacity 301 to 450 pounds (rental)
K0807UE	1,779.80	Power operated vehicle, group 2 heavy duty, patient weight capacity 301 to 450 pounds (used durable medical equipment)
K0808NU	3,671.60	Power operated vehicle, group 2 very heavy duty, patient weight capacity 451 to 600 pounds (new equipment)
K0808RR	367.15	Power operated vehicle, group 2 very heavy duty, patient weight capacity 451 to 600 pounds (rental)
K0808UE	2,753.69	Power operated vehicle, group 2 very heavy duty, patient weight capacity 451 to 600 pounds (used durable medical equipment)
K0812NU	AAC+35%	Power operated vehicle, not otherwise classified (new equipment)
K0812RR	I.C.	Power operated vehicle, not otherwise classified (rental)
K0812UE	I.C.	Power operated vehicle, not otherwise classified (used durable medical equipment)
K0813NU	2,412.40	Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds (new equipment)
K0813RR	241.24	Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds (rental)
K0813UE	1,809.30	Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds (used durable medical equipment)
K0814NU	3,087.80	Power wheelchair, group 1 standard, portable, captains chair, patient weight capacity up to and including 300 pounds (new equipment)
K0814RR	308.78	Power wheelchair, group 1 standard, portable, captains chair, patient weight capacity up to and including 300 pounds (rental)
K0814UE	2,315.85	Power wheelchair, group 1 standard, portable, captains chair, patient weight capacity up to and including 300 pounds (used durable medical equipment)
K0815NU	3,516.30	Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds (new equipment)

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Code	Rate	Description
K0815RR	351.63	Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds (rental)
K0815UE	2,637.23	Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds (used durable medical equipment)
K0816NU	3,367.40	Power wheelchair, group 1 standard, captains chair, patient weight capacity up to and including 300 pounds (new equipment)
K0816RR	336.74	Power wheelchair, group 1 standard, captains chair, patient weight capacity up to and including 300 pounds (rental)
K0816UE	2,525.55	Power wheelchair, group 1 standard, captains chair, patient weight capacity up to and including 300 pounds (used durable medical equipment)
K0820NU	2,576.60	Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds (new equipment)
K0820RR	257.66	Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds (rental)
K0820UE	1,932.45	Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds (used durable medical equipment)
K0821NU	3,307.70	Power wheelchair, group 2 standard, portable, captains chair, patient weight capacity up to and including 300 pounds (new equipment)
K0821RR	330.77	Power wheelchair, group 2 standard, portable, captains chair, patient weight capacity up to and including 300 pounds (rental)
K0821UE	2,480.78	Power wheelchair, group 2 standard, portable, captains chair, patient weight capacity up to and including 300 pounds (used durable medical equipment)
K0822NU	3,997.50	Power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds (new equipment)
K0822RR	399.75	Power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds (rental)
K0822UE	2,998.13	Power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds (used durable medical equipment)
K0823NU	4,023.70	Power wheelchair, group 2 standard, captains chair, patient weight capacity up to and including 300 pounds (new equipment)
K0823RR	402.37	Power wheelchair, group 2 standard, captains chair, patient weight capacity up to and including 300 pounds (rental)
K0823UE	3,017.78	Power wheelchair, group 2 standard, captains chair, patient weight capacity up to and including 300 pounds (used durable medical equipment)
K0824NU	4,842.70	Power wheelchair, group 2 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds (new equipment)
K0824RR	484.27	Power wheelchair, group 2 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds (rental)
K0824UE	3,632.03	Power wheelchair, group 2 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds (used durable medical equipment)
K0825NU	4,433.20	Power wheelchair, group 2 heavy duty, captains chair, patient weight capacity 301 to 450 pounds (new equipment)
K0825RR	443.32	Power wheelchair, group 2 heavy duty, captains chair, patient weight

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Code	Rate	Description
		capacity 301 to 450 pounds (rental)
K0825UE	3,324.90	Power wheelchair, group 2 heavy duty, captains chair, patient weight capacity 301 to 450 pounds (used durable medical equipment)
K0826NU	6,269.30	Power wheelchair, group 2 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds (new equipment)
K0826RR	626.93	Power wheelchair, group 2 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds (rental)
K0826UE	4,701.98	Power wheelchair, group 2 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds (used durable medical equipment)
K0827NU	5,330.90	Power wheelchair, group 2 very heavy duty, captains chair, patient weight capacity 451 to 600 pounds (new equipment)
K0827RR	533.09	Power wheelchair, group 2 very heavy duty, captains chair, patient weight capacity 451 to 600 pounds (rental)
K0827UE	3,998.18	Power wheelchair, group 2 very heavy duty, captains chair, patient weight capacity 451 to 600 pounds (used durable medical equipment)
K0828NU	6,908.20	Power wheelchair, group 2 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more (new equipment)
K0828RR	690.82	Power wheelchair, group 2 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more (rental)
K0828UE	5,181.15	Power wheelchair, group 2 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more (used durable medical equipment)
K0829NU	6,343.70	Power wheelchair, group 2 extra heavy duty, captains chair, patient weight capacity 601 pounds or more (new equipment)
K0829RR	634.37	Power wheelchair, group 2 extra heavy duty, captains chair, patient weight capacity 601 pounds or more (rental)
K0829UE	4,757.78	Power wheelchair, group 2 extra heavy duty, captains chair, patient weight capacity 601 pounds or more (used durable medical equipment)
K0830NU	3,914.10	Power wheelchair, group 2 standard, seat elevator, sling/solid seat/back, patient weight capacity up to and including 300 pounds (new equipment)
K0830RR	391.41	Power wheelchair, group 2 standard, seat elevator, sling/solid seat/back, patient weight capacity up to and including 300 pounds (rental)
K0830UE	2,935.58	Power wheelchair, group 2 standard, seat elevator, sling/solid seat/back, patient weight capacity up to and including 300 pounds (used durable medical equipment)
K0831NU	3,914.10	Power wheelchair, group 2 standard, seat elevator, captains chair, patient weight capacity up to and including 300 pounds (new equipment)
K0831RR	391.41	Power wheelchair, group 2 standard, seat elevator, captains chair, patient weight capacity up to and including 300 pounds (rental)
K0831UE	2,935.58	Power wheelchair, group 2 standard, seat elevator, captains chair, patient weight capacity up to and including 300 pounds (used durable medical equipment)
K0835NU	4,057.40	Power wheelchair, group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds (new equipment)

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Code	Rate	Description
K0835RR	405.74	Power wheelchair, group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds (rental)
K0835UE	3,043.05	Power wheelchair, group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds (used durable medical equipment)
K0836NU	4,207.50	Power wheelchair, group 2 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds (new equipment)
K0836RR	420.75	Power wheelchair, group 2 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds (rental)
K0836UE	3,155.63	Power wheelchair, group 2 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds (used durable medical equipment)
K0837NU	4,842.70	Power wheelchair, group 2 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds (new equipment)
K0837RR	484.27	Power wheelchair, group 2 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds (rental)
K0837UE	3,632.03	Power wheelchair, group 2 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds (used durable medical equipment)
K0838NU	4,332.30	Power wheelchair, group 2 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds (new equipment)
K0838RR	433.23	Power wheelchair, group 2 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds (rental)
K0838UE	3,249.23	Power wheelchair, group 2 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds (used durable medical equipment)
K0839NU	6,269.30	Power wheelchair, group 2 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds (new equipment)
K0839RR	626.93	Power wheelchair, group 2 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds (rental)
K0839UE	4,701.98	Power wheelchair, group 2 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds (used durable medical equipment)
K0840NU	9,498.30	Power wheelchair, group 2 extra heavy duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more (new equipment)
K0840RR	949.83	Power wheelchair, group 2 extra heavy duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more (rental)
K0840UE	7,123.73	Power wheelchair, group 2 extra heavy duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more (used durable medical equipment)
K0841NU	4,318.60	Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds (new equipment)

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Code	Rate	Description
K0841RR	431.86	Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds (rental)
K0841UE	3,238.95	Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds (used durable medical equipment)
K0842NU	4,318.60	Power wheelchair, group 2 standard, multiple power option, captains chair, patient weight capacity up to and including 300 pounds (new equipment)
K0842RR	431.86	Power wheelchair, group 2 standard, multiple power option, captains chair, patient weight capacity up to and including 300 pounds (rental)
K0842UE	3,238.95	Power wheelchair, group 2 standard, multiple power option, captains chair, patient weight capacity up to and including 300 pounds (used durable medical equipment)
K0843NU	5,199.60	Power wheelchair, group 2 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds (new equipment)
K0843RR	519.96	Power wheelchair, group 2 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds (rental)
K0843UE	3,899.70	Power wheelchair, group 2 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds (used durable medical equipment)
K0848NU	5,284.40	Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds (new equipment)
K0848RR	528.44	Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds (rental)
K0848UE	3,963.30	Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds (used durable medical equipment)
K0849NU	5,080.70	Power wheelchair, group 3 standard, captains chair, patient weight capacity up to and including 300 pounds (new equipment)
K0849RR	508.07	Power wheelchair, group 3 standard, captains chair, patient weight capacity up to and including 300 pounds
K0849UE	3,810.53	Power wheelchair, group 3 standard, captains chair, patient weight capacity up to and including 300 pounds (used durable medical equipment)
K0850NU	6,129.80	Power wheelchair, group 3 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds (new equipment)
K0850RR	612.98	Power wheelchair, group 3 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds (rental)
K0850UE	4,597.35	Power wheelchair, group 3 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds (used durable medical equipment)
K0851NU	5,893.70	Power wheelchair, group 3 heavy duty, captains chair, patient weight capacity 301 to 450 pounds (new equipment)
K0851RR	589.37	Power wheelchair, group 3 heavy duty, captains chair, patient weight capacity 301 to 450 pounds (rental)
K0851UE	4,420.28	Power wheelchair, group 3 heavy duty, captains chair, patient weight capacity 301 to 450 pounds (used durable medical equipment)
K0852NU	7,082.60	Power wheelchair, group 3 very heavy duty, sling/solid seat/back,

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Code	Rate	Description
K0852RR	708.26	patient weight capacity 451 to 600 pounds (new equipment) Power wheelchair, group 3 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds (rental)
K0852UE	5,311.95	Power wheelchair, group 3 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds (used durable medical equipment)
K0853NU	7,275.60	Power wheelchair, group 3 very heavy duty, captains chair, patient weight capacity, 451 to 600 pounds (new equipment)
K0853RR	727.56	Power wheelchair, group 3 very heavy duty, captains chair, patient weight capacity, 451 to 600 pounds (rental)
K0853UE	5,456.70	Power wheelchair, group 3 very heavy duty, captains chair, patient weight capacity, 451 to 600 pounds (used durable medical equipment)
K0854NU	9,638.60	Power wheelchair, group 3 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more (new equipment)
K0854RR	963.86	Power wheelchair, group 3 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more (rental)
K0854UE	7,228.95	Power wheelchair, group 3 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more (used durable medical equipment)
K0855NU	9,105.10	Power wheelchair, group 3 extra heavy duty, captains chair, patient weight capacity 601 pounds or more (new equipment)
K0855RR	910.51	Power wheelchair, group 3 extra heavy duty, captains chair, patient weight capacity 601 pounds or more (rental)
K0855UE	6,828.83	Power wheelchair, group 3 extra heavy duty, captains chair, patient weight capacity 601 pounds or more (used durable medical equipment)
K0856NU	5,672.30	Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds (new equipment)
K0856RR	567.23	Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds (rental)
K0856UE	4,254.23	Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds (used durable medical equipment)
K0857NU	5,786.00	Power wheelchair, group 3 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds (new equipment)
K0857RR	578.60	Power wheelchair, group 3 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds (rental)
K0857UE	4,339.50	Power wheelchair, group 3 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds (used durable medical equipment)
K0858NU	7,037.60	Power wheelchair, group 3 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds (new equipment)
K0858RR	703.76	Power wheelchair, group 3 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds (rental)
K0858UE	5,278.20	Power wheelchair, group 3 heavy duty, single power option,

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Code	Rate	Description
		sling/solid seat/back, patient weight capacity 301 to 450 pounds (used durable medical equipment)
K0859NU	6,711.70	Power wheelchair, group 3 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds (new equipment)
K0859RR	671.17	Power wheelchair, group 3 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds (rental)
K0859UE	5,033.78	Power wheelchair, group 3 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds (used durable medical equipment)
K0860NU	10,054.10	Power wheelchair, group 3 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds (new equipment)
K0860RR	1,005.41	Power wheelchair, group 3 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds (rental)
K0860UE	7,540.58	Power wheelchair, group 3 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds (used durable medical equipment)
K0861NU	5,681.40	Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds (new equipment)
K0861RR	568.14	Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds (rental)
K0861UE	4,261.05	Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds (used durable medical equipment)
K0861NUKF	6,141.90	Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds (new equipment) (FDA class III device)
K0861RRKF	614.19	Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds (rental) (FDA class III device)
K0861UEKF	4,606.43	Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds (used durable medical equipment) (FDA class III device)
K0862NU	7,037.60	Power wheelchair, group 3 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds (new equipment)
K0862RR	703.76	Power wheelchair, group 3 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds (rental)
K0862UE	5,278.20	Power wheelchair, group 3 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds (used durable medical equipment)
K0863NU	10,054.10	Power wheelchair, group 3 very heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds (new equipment)
K0863RR	1,005.41	Power wheelchair, group 3 very heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds (rental)

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Code	Rate	Description
K0863UE	7,540.58	Power wheelchair, group 3 very heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds (used durable medical equipment)
K0864NU	11,964.50	Power wheelchair, group 3 extra heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more (new equipment)
K0864RR	1,196.45	Power wheelchair, group 3 extra heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more (rental)
K0864UE	8,973.38	Power wheelchair, group 3 extra heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more (used durable medical equipment)
K0868NU	AAC+35%	Power wheelchair, group 4 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds (new equipment)
K0868RR	I.C.	Power wheelchair, group 4 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds (new equipment) (rental)
K0868UE	I.C.	Power wheelchair, group 4 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds (new equipment) (used durable medical equipment)
K0869NU	AAC+35%	Power wheelchair, group 4 standard, captains chair, patient weight capacity up to and including 300 pounds (new equipment)
K0869RR	I.C.	Power wheelchair, group 4 standard, captains chair, patient weight capacity up to and including 300 pounds (rental)
K0869UE	I.C.	Power wheelchair, group 4 standard, captains chair, patient weight capacity up to and including 300 pounds (used durable medical equipment)
K0870NU	AAC+35%	Power wheelchair, group 4 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds (new equipment)
K0870RR	I.C.	Power wheelchair, group 4 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds (rental)
K0870UE	I.C.	Power wheelchair, group 4 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds (used durable medical equipment)
K0871NU	AAC+35%	Power wheelchair, group 4 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds (new equipment)
K0871RR	I.C.	Power wheelchair, group 4 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds (rental)
K0871UE	I.C.	Power wheelchair, group 4 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds (used durable medical equipment)
K0877NU	AAC+35%	Power wheelchair, group 4 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds (new equipment)
K0877RR	I.C.	Power wheelchair, group 4 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds (rental)
K0877UE	I.C.	Power wheelchair, group 4 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds (used durable medical equipment)
K0878NU	AAC+35%	Power wheelchair, group 4 standard, single power option, captains

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Code	Rate	Description
		chair, patient weight capacity up to and including 300 pounds (new equipment)
K0878RR	I.C.	Power wheelchair, group 4 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds (rental)
K0878UE	I.C.	Power wheelchair, group 4 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds (used durable medical equipment)
K0879NU	AAC+35%	Power wheelchair, group 4 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds
K0879RR	I.C.	Power wheelchair, group 4 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds (rental)
K0879UE	I.C.	Power wheelchair, group 4 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds (used durable medical equipment)
K0880NU	AAC+35%	Power wheelchair, group 4 very heavy duty, single power option, sling/solid seat/back, patient weight 451 to 600 pounds (new equipment)
K0880RR	I.C.	Power wheelchair, group 4 very heavy duty, single power option, sling/solid seat/back, patient weight 451 to 600 pounds (rental)
K0880UE	I.C.	Power wheelchair, group 4 very heavy duty, single power option, sling/solid seat/back, patient weight 451 to 600 pounds (used durable medical equipment)
K0884NU	AAC+35%	Power wheelchair, group 4 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds (new equipment)
K0884RR	I.C.	Power wheelchair, group 4 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds (rental)
K0884UE	I.C.	Power wheelchair, group 4 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds (used durable medical equipment)
K0885NU	AAC+35%	Power wheelchair, group 4 standard, multiple power option, captains chair, weight capacity up to and including 300 pounds (new equipment)
K0885RR	I.C.	Power wheelchair, group 4 standard, multiple power option, captains chair, weight capacity up to and including 300 pounds (rental)
K0885UE	I.C.	Power wheelchair, group 4 standard, multiple power option, captains chair, weight capacity up to and including 300 pounds (used durable medical equipment)
K0886NU	AAC+35%	Power wheelchair, group 4 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds (new equipment)
K0886RR	I.C.	Power wheelchair, group 4 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds (rental)
K0886UE	I.C.	Power wheelchair, group 4 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds (used durable medical equipment)
K0890NU	AAC+35%	Power wheelchair, group 5 pediatric, single power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds

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Code	Rate	Description
		(new equipment)
K0890RR	I.C.	Power wheelchair, group 5 pediatric, single power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds (rental)
K0890UE	I.C.	Power wheelchair, group 5 pediatric, single power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds (used durable medical equipment)
K0891NU	AAC+35%	Power wheelchair, group 5 pediatric, multiple power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds (new equipment)
K0891RR	I.C.	Power wheelchair, group 5 pediatric, multiple power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds (rental)
K0891UE	I.C.	Power wheelchair, group 5 pediatric, multiple power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds (used durable medical equipment)
K0898NU	AAC+35%	Power wheelchair, not otherwise classified (new equipment)
K0898RR	I.C.	Power wheelchair, not otherwise classified (rental)
K0898UE	I.C.	Power wheelchair, not otherwise classified (used durable medical equipment)
K0899NU	AAC+35%	Power mobility device, not coded by SADMERC or does not meet criteria (new equipment)
K0899RR	I.C.	Power mobility device, not coded by SADMERC or does not meet criteria (rental)
K0899UE	I.C.	Power mobility device, not coded by SADMERC or does not meet criteria (used durable medical equipment)

Prosthetic Implants**Integumentary System**

L8500	595.90	Artificial larynx, any type
L8501	129.17	Tracheostomy speaking valve
L8505	AAC+20%	Artificial larynx replacement battery/accessory, any type
L8507	32.98	Tracheo-esophageal voice prosthesis, patient inserted, any type
L8509	85.98	Tracheo-esophageal voice prosthesis, inserted by licensed health care provider, any type
L8510	198.94	Voice amplifier
L8511	57.26	Insert for indwelling tracheoesophageal prosthesis, with or without valve, replacement only
L8512	1.70	Gelatin capsules or equivalent, for use with tracheoesophageal voice prosthesis, replacement only, per 10
L8513	4.08	Cleaning device used with tracheoesophageal voice prosthesis, pipet, brush, or equal, replacement only, each
L8514	74.24	Tracheoesophageal puncture dilator, replacement only, each
L8515	49.69	Gelatin capsule, application device for use with tracheoesophageal voice prosthesis, each
Q4099	AAC	Formoterol fumarate, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, 20 micrograms
Q4080	27.39	Iloprost, inhalation solution, administered through DME, up to 20 micrograms
Q4081	AAC	Injection, epoetin alfa, 100 units (for ESRD on dialysis)

Temporary National Codes (Non-Medicare) (S0000-S9999)

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Code	Rate	Description
S5035	I.C.	Home infusion therapy, routine service of infusion device (e.g. pump maintenance)
S5036	I.C.	Home infusion therapy, repair of infusion device (e.g. pump repair)
S5160	38.53	Emergency response system; installation and testing
S5161RR	20.00	Emergency response system; service fee, per month (excludes installation and testing)
S5162	AAC+30%	Emergency response system; purchase only
S5497	13.95	Home infusion therapy, catheter care / maintenance, not otherwise classified; includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S5498	13.95	Home infusion therapy, catheter care / maintenance, simple (single lumen), includes administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem
S5501	13.95	Home infusion therapy, catheter care / maintenance, complex (more than one lumen), includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S5502	13.95	Home infusion therapy, catheter care / maintenance, implanted access device, includes administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem (use this code for interim maintenance of vascular access not currently in use)
S5517	13.95	Home infusion therapy, all supplies necessary for restoration of catheter patency or declotting
S5518	13.95	Home infusion therapy, all supplies necessary for catheter repair
S5520	125.83	Home infusion therapy, all supplies (including catheter) necessary for a peripherally inserted central venous catheter (PICC) line insertion
S5521	120.79	Home infusion therapy, all supplies (including catheter) necessary for a midline catheter insertion
S5522SD	86.99	Home infusion therapy, insertion of peripherally inserted central venous catheter (PICC), nursing services only (no supplies or catheter included) (services provided by registered nurse with specialized, highly technical home infusion training)
S5523SD	86.99	Home infusion therapy, insertion of midline central venous catheter, nursing services only (no supplies or catheter included) (services provided by registered nurse with specialized, highly technical home infusion training)
S8095	AAC+20%	Wig (for medically-induced or congenital hair loss)
S8096	19.02	Portable peak flow meter
S8097	AAC+20%	Asthma kit (including but not limited to portable peak expiratory flow meter, instructional video, brochure, and/or spacer)
S8100	13.28	Holding chamber or spacer for use with an inhaler or nebulizer; without mask
S8101	13.28	Holding chamber or spacer for use with an inhaler or nebulizer; with mask
S8180	AAC+20%	Tracheostomy shower protector
S8181	AAC+20%	Tracheostomy tube holder

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Code	Rate	Description
S8182	AAC+30%	Humidifier, heated, used with ventilator, non-servo-controlled
S8183	AAC+30%	Humidifier, heated, used with ventilator, dual servo-controlled with temperature monitoring
S8185	AAC+20%	Flutter device
S8186	AAC+20%	Swivel adaptor
S8189	AAC+20%	Tracheostomy supply, not otherwise classified
S8190NU	AAC+30%	Electronic spirometer (or microspirometer)
S8190RR	I.C.	Electronic spirometer (or microspirometer)
S8190UE	I.C.	Electronic spirometer (or microspirometer)
S8210	AAC+20%	Mucus trap
S8260	AAC+30%	Oral orthotic for treatment of sleep apnea, includes fitting, fabrication, and materials
S8262	AAC+30%	Mandibular orthopedic repositioning device, each
S8265	AAC+20%	Haberman feeder for cleft lip/palate
S8420	AAC+20%	Gradient pressure aid (sleeve and glove combination), custom made
S8421	AAC+20%	Gradient pressure aid (sleeve and glove combination), ready made
S8422	AAC+20%	Gradient pressure aid (sleeve), custom made, medium weight
S8423	AAC+20%	Gradient pressure aid (sleeve), custom made, heavy weight
S8424	AAC+20%	Gradient pressure aid (sleeve), ready made
S8425	AAC+20%	Gradient pressure aid (glove), custom made, medium weight
S8426	AAC+20%	Gradient pressure aid (glove), custom made, heavy weight
S8427	AAC+20%	Gradient pressure aid (glove), ready made
S8428	AAC+20%	Gradient pressure aid (gauntlet), ready made
S8429	AAC+20%	Gradient pressure exterior wrap
S8430	AAC+20%	Padding for compression bandage, roll
S8431	AAC+20%	Compression bandage, roll
S8450	AAC+20%	Splint, prefabricated, digit (specify digit by use of modifier)
S8451	AAC+20%	Splint, prefabricated, wrist or ankle
S8452	AAC+20%	Splint, prefabricated, elbow
S8490	AAC+20%	Insulin syringes (100 syringes, any size)
S8999	AAC+20%	Resuscitation bag (for use by patient on artificial respiration during power failure or other catastrophic event)
S9325	37.51	Home infusion therapy, pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem (do not use this code with S9326, SS9327 or S9328)
S9326	37.51	Home infusion therapy, continuous pain management infusion; administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9327	37.51	Home infusion therapy, intermittent pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9328	37.51	Home infusion therapy, implanted pump pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9329	46.68	Home infusion therapy, chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all

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Code	Rate	Description
		necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code with S9330 or S9331)
S9330	46.68	Home infusion therapy, continuous chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9331	46.68	Home infusion therapy, intermittent chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9336	44.86	Home infusion therapy, continuous anticoagulant infusion therapy (e.g. heparin), administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9338	51.51	Home infusion therapy, immunotherapy therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drug and nursing visits coded separately), per diem
S9339	35.58	Home therapy; peritoneal dialysis, administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9340	14.84	Home therapy; enteral nutrition; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem
S9341	12.28	Home therapy; enteral nutrition via gravity; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem
S9342	14.84	Home therapy; enteral nutrition via pump; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem
S9343	12.28	Home therapy; enteral nutrition via bolus; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem
S9345	51.51	Home infusion therapy, anti-hemophilic agent infusion therapy (e.g. factor viii); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9346	44.86	Home infusion therapy, alpha-1-proteinase inhibitor (e.g., prolastin); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9347	44.86	Home infusion therapy, uninterrupted, long-term, controlled rate intravenous or subcutaneous infusion therapy (e.g. epoprostenol); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and

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Code	Rate	Description
		nursing visits coded separately), per diem
S9348	73.22	Home infusion therapy, sympathomimetic/inotropic agent infusion therapy (e.g., dobutamine); administrative services, professional pharmacy services, care coordination, all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9349	44.86	Home infusion therapy, tocolytic infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9351	44.86	Home infusion therapy, continuous anti-emetic infusion therapy; administrative services, professional pharmacy services, care coordination, all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9353	44.86	Home infusion therapy, continuous insulin infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9355	73.22	Home infusion therapy, chelation therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9357	73.22	Home infusion therapy, enzyme replacement intravenous therapy; (e.g. imiglucerase); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9359	73.22	Home infusion therapy, anti-tumor necrosis factor intravenous therapy; (e.g. infliximab); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9361	73.22	Home infusion therapy, diuretic intravenous therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9363	73.22	Home infusion therapy, anti-spasmodic therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9364	43.95	Home infusion therapy, total parenteral nutrition (TPN); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (standard TPN formula, lipids, specialty amino acid formulas, drugs, and nursing visits coded separately), per diem (do not use with home infusion codes S9365-S9368 using daily volume scales)
S9365	43.95	Home infusion therapy, total parenteral nutrition (TPN); one liter per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (standard TPN formula, lipids, specialty amino acid formulas, drugs, and nursing visits coded separately), per diem
S9366	43.95	Home infusion therapy, total parenteral nutrition (TPN); more than one liter but no more than two liters per day, administrative services, professional pharmacy services, care coordination, and all necessary

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Code	Rate	Description
		supplies and equipment (standard TPN formula, lipids, specialty amino acid formulas, drugs, and nursing visits coded separately), per diem
S9367	43.95	Home infusion therapy, total parenteral nutrition (TPN); more than two liters but no more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (standard TPN formula, lipids, specialty amino acids, drugs, and nursing visits coded separately), per diem
S9368	43.95	Home infusion therapy, total parenteral nutrition (TPN); more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (standard TPN formula, lipids, specialty amino acid formulas, drugs, and nursing visits coded separately), per diem
S9370	9.62	Home therapy, intermittent anti-emetic injection therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9372	9.62	Home therapy; intermittent anticoagulant injection therapy (e.g. heparin); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code with hydration therapy codes S9374-S9377)
S9373	30.04	Home infusion therapy, hydration therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use with hydration therapy codes S9374-S9377 using daily volume scales)
S9374	30.04	Home infusion therapy, hydration therapy; one liter per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9375	30.04	Home infusion therapy, hydration therapy; more than one liter but no more than two liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9376	30.04	Home infusion therapy, hydration therapy; more than two liters but no more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9377	30.04	Home infusion therapy, hydration therapy; more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies (drugs and nursing visits coded separately), per diem
S9379	AAC+20% +\$8.00	Home infusion therapy, infusion therapy, not otherwise classified; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9434	AAC+20%	Modified solid food supplements for inborn errors of metabolism
S9435	AAC+20%	Medical foods for inborn errors of metabolism
S9490	44.86	Home infusion therapy, corticosteroid infusion; administrative

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Code	Rate	Description
		services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9494	44.86	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drug and nursing visits coded separately), per diem (do not use with
S9497	51.51	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 3 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per
S9500	44.86	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 24 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per
S9501	51.73	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 12 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per
S9502	56.20	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 8 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per
S9503	61.87	Home infusion therapy, antibiotic, antiviral, or antifungal; once every 6 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9504	73.22	Home infusion therapy, antibiotic, antiviral, or antifungal; once every 4 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9537	9.62	Home therapy; hematopoietic hormone injection therapy (e.g. erythropoietin, g-csf, gm-csf); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9538	51.51	Home transfusion of blood product(s); administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (blood products, drugs, and nursing visits coded separately), per diem
S9542	9.62	Home injectable therapy; not otherwise classified, including administrative services, professional pharmacy services, coordination of care, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9558	9.62	Home injectable therapy; growth hormone, including administrative services, professional pharmacy services, coordination of care, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9559	9.62	Home injectable therapy; interferon, including administrative services, professional pharmacy services, coordination of care, and all necessary supplies and equipment (drugs and nursing visits

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Code	Rate	Description
		coded separately), per diem
S9560	9.62	Home injectable therapy; hormonal therapy (e.g.; leuprolide, goserelin), including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9562	9.62	Home injectable therapy, palivizumab, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9590	23.55	Home therapy, irrigation therapy (e.g. sterile irrigation of an organ or anatomical cavity); including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
<u>Miscellaneous</u>		
T4521	0.46	Adult sized disposable incontinence product, brief/diaper, small each
T4522	0.53	Adult sized disposable incontinence product, brief/diaper, medium each
T4523	0.71	Adult sized disposable incontinence product, brief/diaper, large each
T4524	0.74	Adult sized disposable incontinence product, brief/diaper, extra large each
T4525	0.66	Adult sized disposable incontinence product, protective underwear/pull-on, small size, each
T4526	0.79	Adult sized disposable incontinence product, protective underwear/pull-on, medium size, each
T4527	0.79	Adult sized disposable incontinence product, protective underwear/pull-on, large size, each
T4528	0.79	Adult sized disposable incontinence product, protective underwear/pull-on, extra large size, each
T4529	0.66	Pediatric sized disposable incontinence product, brief/diaper, small/medium, each
T4530	0.83	Pediatric sized disposable incontinence product, brief/diaper, large size, each
T4531	0.70	Pediatric sized disposable incontinence product, protective underwear/pull-on, small/medium size each
T4532	0.58	Pediatric sized disposable incontinence product, protective underwear/pull-on, large size each
T4533	0.46	Youth sized disposable incontinence product, brief/diaper, each
T4534	0.45	Youth sized disposable incontinence product, protective underwear/pull-on, each
T4535	0.40	Disposable liner/shield/guard/pad/undergarment, for incontinence, each
T4536	AAC+20%	Incontinence product, protective underwear/pull-on, reusable, bed size, each
T4537	13.83	Incontinence product, protective underpad, reusable, bed size, each
T4538	AAC+20%	Diaper service, reusable diaper, each diaper
T4539	AAC+20%	Incontinence product, diaper/brief, reusable, any size, each
T4540	AAC+20%	Incontinence product, protective underpad, reusable, chair size, each
T4541	0.29	Incontinence product, disposable underpad, large, each
T4542	0.29	Incontinence product, disposable underpad, small size, each
T5001NU	AAC+35%	Positioning seat for persons with special orthopedic needs, for use in vehicle (new equipment)

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Code	Rate	Description
T5001RR	I.C.	Positioning seat for persons with special orthopedic needs, for use in vehicle (rental)
T5001UE	I.C.	Positioning seat for persons with special orthopedic needs, for use in vehicle (used durable medical equipment)
99601SD	86.99	Home infusion/specialty drug administration, per visit (up to 2 hours) (services provided by registered nurse with specialized, highly technical home infusion training)
99602SD	45.48	Home infusion/specialty drug administration, each additional hour (services provided by registered nurse with specialized, highly technical home infusion training) (use in conjunction with (99601SD))